



Health Services
LOS ANGELES COUNTY

June 19, 2007

**Los Angeles County
Board of Supervisors**

Gloria Molina
First District

Yvonne B. Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Bruce A. Chernof, MD
Director and Chief Medical Officer

John R. Cochran III
Chief Deputy Director

Robert G. Splawn, MD
Senior Medical Director

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

*To improve health
through leadership,
service and education.*



www.ladhs.org

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC
STANDING FIELD TREATMENT PROTOCOL AGREEMENT, AND
CARDIAC CARE PROGRAM EQUIPMENT AGREEMENT AND
AMENDMENT
(All Districts) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of Health Services, or his designee, to sign Emergency Medical Technician-Paramedic (EMT-P) Standing Field Treatment Protocol (SFTP) Agreements, substantially similar to Exhibit I, with County-approved paramedic providers listed in Attachment B, to renew and approve the use of SFTPs by paramedics for certain patients, following signature by authorized representatives, effective July 1, 2007 through June 30, 2012, at no cost to the County.
2. Approve and instruct the Director of Health Services, or his designee, to sign a form agreement, substantially similar to Exhibit I, with any future County-approved paramedic providers requesting to utilize SFTPs, with no County cost, upon review by County Counsel and the Chief Administrative Office, and notification to the Board.
3. Approve and instruct the Director of Health Services, or his designee, to offer and execute a Cardiac Care Program Equipment Agreement, substantially similar to Exhibit II, with the Sierra Madre Fire Department (SMFD), to provide reimbursement for equipment and training costs for SMFD paramedic first responders in order to ensure 12-Lead EKG capability in prehospital care for 9-1-1 patients in Los Angeles County, at a maximum reimbursement rate of \$17,000 per 12-Lead electrocardiograph (EKG) machine and \$45.00 per hour per attendee for training, 100% funded by Measure B-Trauma Property Assessment (TPA) funds previously approved by your Board on September 5, 2006, with no County cost, effective upon Board approval through September 30, 2007.
4. Approve and instruct the Director of Health Services, or his designee, to execute amendments to the existing Cardiac Care Program Equipment Agreement with the 30 paramedic service provider agencies identified in Attachment C, to extend the original deadline of December 31, 2006 to September 30, 2007 for purchases of 12-Lead EKG machines by such providers, 100% funded by Measure B TPA funds previously approved by your Board on September 5, 2006, with no County cost.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTIONS:

The purpose of the recommended actions is to obtain approval to execute: 1) EMT-P SFTP Agreements with County-approved paramedic provider agencies to provide advanced life support to patients in the field in lieu of making base hospital contact for certain patients; 2) EMT-P SFTP agreements with any future County-approved paramedic providers requesting to utilize SFTPs; 3) Cardiac Care Program Equipment Agreement with the Sierra Madre Fire Department for reimbursement of purchases of 12-Lead EKG machines and initial training related to use of the EKG machines; and 4) amendments to the existing Cardiac Care Program Agreement with 30 currently approved paramedic provider agencies to extend the deadline to September 30, 2007 for 12-Lead EKG purchases by such agencies.

IMPLEMENTATION OF STRATEGIC PLAN GOALS:

These actions support the County's Strategic Plan Goal No. 1 for Service Excellence by enhancing the quality and availability of specialized medical care services countywide.

FISCAL IMPACT/FINANCING:

For the EMT-P SFTP actions, there is no fiscal impact. The Cardiac Care Program Equipment Agreement and Amendment are 100% funded by \$4.0 million in Measure B TPA funds previously approved by your Board on September 5, 2006. Funding is included in the Department's Fiscal Year 2006-07 Final Budget.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

EMT-P SFTP Agreements

Under the authority granted by Title 22, California Code of Regulations, Section 100144 (d), the County Emergency Medical Services (EMS) Agency Medical Director may approve policies and procedures which allow a paramedic to initiate paramedic activities, without base hospital contact for medical direction, provided that continuous quality improvement measures are in place by the paramedic provider agency.

SFTPs are standardized protocols utilized by paramedics to provide advanced life support to patients in the field in lieu of making base hospital contact for certain patients. SFTPs are currently being utilized under the existing agreement by eight SFTP providers in Los Angeles County with a high degree of success.

The SFTP providers are approved paramedic providers in Los Angeles County and meet all of the requirements of the EMS Agency for utilization of SFTPs, including agreement to use only those protocols approved by the EMS Agency.

SFTPs do not address all types of medical problems; therefore, base hospital contact is still required for some patients. Although SFTPs will reduce base hospital contacts for medical orders, some SFTP providers' paramedics will still be making base hospital contact to determine patient destination, until another alternative is in place.

Cardiac Care Program Equipment Agreement with Sierra Madre Fire Department

The SMFD is a paramedic provider agency who will comply with respected medical community recommendations to equip paramedic units with 12-Lead EKG machines for the early diagnosis of 9-1-1 patients with acute myocardial infarction. The recommended Cardiac Care Program Equipment Agreement requires the SMFD to purchase 12-Lead EKG machines and to complete training of its paramedic and EMT personnel in the use of such machines no later than September 30, 2007 to qualify for reimbursement by the County. The maximum reimbursement rate is \$17,000 per 12-Lead EKG machine and \$45.00 per hour per attendee (ranging from 2-16 hours depending on the various EMT and paramedic levels) for training, to ensure the implementation of the cardiac care program for ST Elevation Myocardial Infarction (STEMI) patients. This Agreement is substantially similar to the Cardiac Care Program Equipment Agreement entered into by 30 other paramedic provider agencies effective September 5, 2006, with the exception of the 1) cancellation notice 2) purchase and 3) invoice deadlines.

Cardiac Care Program Equipment Agreement Amendment

On September 5, 2006, your Board approved the Cardiac Care Program Agreement with 30 paramedic provider agencies effective through June 30, 2007, to ensure 12-Lead EKG capability in prehospital care for 9-1-1 patients in Los Angeles County. Concurrently, your Board approved a one-time allocation, not to exceed \$4.0 million in Measure B TPA funding, to cover equipment and training costs for paramedic and EMT personnel with the 30 paramedic service provider agencies. The Agreement established December 31, 2006 as the deadline for the provider agencies to purchase 12-Lead EKG machines in order to qualify for reimbursement. The proposed Amendment will extend the purchase deadline to September 30, 2007. Reimbursement rates for purchases through June 30, 2007 will remain the same at \$17,000 per 12-Lead EKG machine.

The County will reimburse the SMFD and the other 30 paramedic provider agencies for purchase of 12-Lead EKG equipment and the related training from the allocated Measure B TPA funds that remain from the \$4.0 million previously approved by your Board on September 5, 2006.

Attachments A, B, and C provide additional information. County Counsel has approved Exhibits I, II, and III as to use and form.

CONTRACTING PROCESS:

The paramedic service provider agencies executing the attached EMT-P SFTP agreement are current participants in the County's EMS System and satisfy County criteria and conditions for participation. The SMFD satisfies the County's criteria and conditions for participation in the Cardiac Care Equipment Program. It is not appropriate to advertise these agreements on the County On-Line Web Site.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

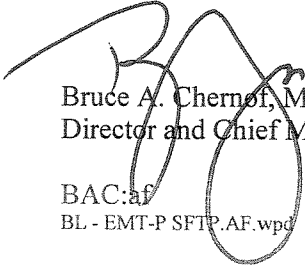
The utilization of SFTPs by paramedics has decreased the number of calls to base hospitals for medical treatment orders. The reduction in base hospital contacts helps to reduce the amount of time a hospital's Mobile Intensive Care Nurse spends on the base hospital radio away from direct patient care.

The Cardiac Care Program Equipment Agreement and Amendment with local and County paramedic provider agencies will help to ensure the delivery of timely and definitive emergency medical care to 9-1-1 STEMI cardiac patients in Los Angeles County.

The Honorable Board of Supervisors
June 19, 2007
Page 4

When approved, this Department requires three signed copies of the Board's action.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Bruce A. Chernof', is written over the printed name and title.

Bruce A. Chernof, M.D.
Director and Chief Medical Officer

BAC:af
BL - EMT-P SFTP.AF.wpd

Attachments (3)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

SUMMARY OF AGREEMENT

PART 1: EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC
STANDING FIELD TREATMENT PROTOCOL AGREEMENT

1. TYPE OF SERVICE

The Emergency Medical Technician-Paramedic Standing Field Treatment Protocol (EMT-P SFTP) Agreement with public paramedic provider agencies authorizes the use of standardized standing field treatment protocols to provide advanced life support to patients in the field in lieu of making base hospital contact for certain patients.

2. AGENCY ADDRESS AND CONTACT PERSON

Alhambra Fire Department
301 North First Street
Alhambra, California 91801
Attention: Vincent Kemp, Fire Chief
Telephone: (626) 570-5190
E-mail: vkemp@alhambrafire.org

Burbank Fire Department
311 East Orange Grove
Burbank, California 91502
Attention: Tracy Pansini, Fire Chief
Telephone: (818) 238-3473
E-mail: tpansini@ci.burbank.ca.us

Culver City Fire Department
9770 Culver Boulevard
Culver City, California 90232
Attention: Jeff Eastman, Fire Chief
Telephone: (310) 253-5910
E-mail: jeff.eastman@culvercity.org

Long Beach Fire Department
925 Harbor Boulevard
Long Beach, California 90802
Attention: Dave Ellis, Fire Chief
Telephone: (562) 570-2500
E-mail: daellis@longbeach.gov

Los Angeles City Fire Department
200 North Main Street
Los Angeles, California 90012
Attention: Douglas L. Barry, Acting Fire Chief
Telephone: (213) 978-3800
E-mail: firechief@lacity.org

San Marino Fire Department
2200 Huntington Drive
San Marino, California 91108
Attention: John Penido, Fire Chief
Telephone: (626) 300-0737
E-mail: jpenido@smfd.us

Santa Monica Fire Department
333 Olympic Drive
Santa Monica, California 90401
Attention: Jim Hone, Fire Chief
Telephone: (310) 458-8661
E-mail: jim.hone@smgov.net

West Covina Fire Department
P. O. Box 1440
West Covina, California 91793
Attention: Richard Elliott, Fire Chief
Telephone: (626) 338-8800
E-mail: richard.elliott@westcovina.org

3. TERM

The term of the EMT-P SFTP Agreement is effective July 1, 2007 through June 30, 2012.

4. FINANCIAL INFORMATION

For the EMT-P SFTP actions, there is no fiscal impact.

5. PRIMARY GEOGRAPHIC AREA TO BE SERVED:

Countywide.

6. APPROVALS:

Emergency Medical Services Agency: Cathy Chidester, Acting Director

Contracts and Grants Division: Cara O'Neill, Chief

County Counsel: Edward A. Morrissey, Sr. Deputy County Counsel

CAO Budget Unit: Latisha Thompson

SUMMARY OF AGREEMENT

PART 2: CARDIAC CARE PROGRAM EQUIPMENT AGREEMENT

1. TYPE OF SERVICE

The Cardiac Care Program Equipment Agreement provides for the Sierra Madre Fire Department to be reimbursed by County for equipment and training costs to ensure 12-Lead electrocardiograph capability in prehospital care for 9-1-1 patients in Los Angeles County.

2. AGENCY ADDRESSES AND CONTACT PERSONS

Sierra Madre Fire Department
232 West Sierra Madre Boulevard
Sierra Madre, California 91024
Attention: Roger Lowe, Fire Chief
Telephone: (626) 355-7135
E-mail: smfdchief4@hotmail.com

3. TERM

Effective upon Board approval through September 30, 2007.

4. FINANCIAL INFORMATION

The Cardiac Care Program Equipment Agreement and Amendment is 100% funded by \$4.0 million in Measure B TPA funds previously approved by your Board on September 5, 2006. Funding is included in the Department's Fiscal Year 2006-07 Final Budget.

5. PRIMARY GEOGRAPHIC AREA TO BE SERVED:

Countywide.

6. APPROVALS:

Emergency Medical Services Agency: Cathy Chidester, Acting Director

Contracts and Grants Division: Cara O'Neill, Chief

County Counsel: Edward A. Morrissey, Sr. Deputy County Counsel

CAO Budget Unit: Latisha Thompson

SUMMARY OF AGREEMENT

PART 3: CARDIAC CARE PROGRAM EQUIPMENT AGREEMENT
AMENDMENT NO. 1

1. TYPE OF SERVICE

The Cardiac Care Program Equipment Agreement Amendment No.1 with 30 paramedic service provider agencies will extend the deadline to September 30, 2007 for purchase of 12-Lead electrocardiogram machines by the 30 providers.

2. AGENCY ADDRESSES AND CONTACT PERSONS

Alhambra Fire Department
301 North First Street
Alhambra, California 91801
Attention: Vincent Kemp, Fire Chief
Telephone: (626) 570-5190
E-mail: vkemp@alhambrafire.org

Arcadia Fire Department
630 South Baldwin Avenue
Arcadia, California 91007
Attention: David Lugo
Telephone: (626) 574-5100
E-mail: dlugo@ci.arcadia.ca.us

Beverly Hills Fire Department
445 North Rexford Drive
Beverly Hills, California 90210
Attention: Dale Geldert, Fire Chief
Telephone: (310) 281-2703
E-mail: dgeldert@beverlyhills.org

Burbank Fire Department
311 East Orange Grove
Burbank, California 91502
Attention: Tracy Pansini, Fire Chief
Telephone: (818) 238-3473
E-mail: tpansini@ci.burbank.ca.us

Compton Fire Department
201 South Acacia Avenue
Compton, California 90220
Attention: Rico Smith, Fire Chief
Telephone: (310) 605-5670
E-mail: rsmith@comptoncity.org

Culver City Fire Department
9770 Culver Boulevard
Culver City, California 90232
Attention: Jeff Eastman, Fire Chief
Telephone: (310) 253-5910
E-mail: jeff.eastman@culvercity.org

Downey Fire Department
12222 Paramount Boulevard
Downey, California 90242
Attention: Mark Sauter, Fire Chief
Telephone: (562) 904-7301
E-mail: msauter@downeyca.org

El Segundo Fire Department
314 Main Street
El Segundo, California 90245
Attention: Kevin Smith, Fire Chief
Telephone: (310) 524-2395
E-mail: ksmith@elsegundo.org

Glendale Fire Department
421 Oak Street
Glendale, California 91204
Attention: Christopher Gray, Fire Chief
Telephone: (818) 548-4814
E-mail: cgray@ci.glendale.ca.us

Hermosa Beach Fire Department
540 Pier Avenue
Hermosa Beach, California 90254
Attention: Russell Tingley, Fire Chief
Telephone: (310) 376-2479
E-mail: rtingley@hermosabeach.org

La Habra Heights Fire Department
1245 North Hacienda Boulevard
La Habra Heights, California 90631
Attention: John J. Nielsen, Fire Chief
Telephone: (562) 694-8283
E-mail: johnn@la-habra-heights.org

La Verne Fire Department
2061 Third Street
La Verne, California 91750
Attention: John Breaux, Fire Chief
Telephone: (909) 596-5991
E-mail: jbreaux@lvpd.org

Long Beach Fire Department
925 Harbor Boulevard
Long Beach, California 90802
Attention: Dave Ellis, Fire Chief
Telephone: (562) 570-2500
E-mail: daellis@longbeach.gov

Los Angeles County Fire Department
1320 North Eastern Avenue
Los Angeles, California 90063
Attention: P. Michael Freeman, Fire Chief
Telephone: (323) 881-2401
E-mail: pfreeman@fire.lacounty.gov

Manhattan Beach Fire Department
400 15th Street
Manhattan Beach, California 90266
Attention: Dennis Groat, Fire Chief
Telephone: (310) 802-5230
E-mail: iROAT@ci.manhattanbeach.ca

Montebello Fire Department
600 North Montebello Boulevard
Montebello, California 90640
Attention: Steve Huson, Fire Chief
Telephone: (323) 887-4515
E-mail: steve.huson@mtbfire.org

Pasadena Fire Department
199 South Los Robles Avenue, Ste 550
Pasadena, California 91101
Attention: Dennis Downs, Fire Chief
Telephone: (626) 744-4193
E-mail: d downs@cityofpasadena.net

San Gabriel Fire Department
1303 South Del Mar Avenue
San Gabriel, CA 91776
Attention: Joseph B. Nestor, Fire Chief
Telephone: (626) 308-2880
E-mail: jnestor@sgfd.org

Santa Fe Springs Fire Department
11300 Greenstone Avenue
Santa Fe Springs, California 90670
Attention: Alex Rodriguez, Fire Chief
Telephone: (562) 944-9713
E-mail: alexcrodriguez@santafesprings.org

City of Los Angeles Fire Department
200 North Main Street
Los Angeles, California 90012
Attention: Douglas L. Barry, Acting Fire Chief
Telephone: (213) 978-3800
E-mail: firechief@lacity.org

Los Angeles County Sheriff's Department
4700 Ramona Boulevard
Monterey Park, California 91754
Attention: Leroy D. Baca, Sheriff
Telephone: (323) 526-5541
E-mail: ldbaca@lasd.org

Monrovia Fire Department
141 East Lemon Avenue
Monrovia, California 91016
Attention: Chris Donovan, Fire Chief
Telephone: (626) 256-8181
E-mail: cdonovan@ci.monrovia.ca.us

Monterey Park Fire Department
320 West Newmark Avenue
Monterey Park, California 91754
Attention: Cathleen Orchard, Fire Chief
Telephone: (626) 307-1263
E-mail: corchard@montereypark.ca.gov

Redondo Beach Fire Department
401 South Broadway Street
Redondo Beach, California 90277
Attention: Dan Madrigal, Fire Chief
Telephone: (310) 318-0663
E-mail: Dan.madrigal@redondo.org

San Marino Fire Department
2200 Huntington Drive
San Marino, CA 91108
Attention: John Penido, Fire Chief
Telephone: (626) 300-0737
E-mail: jpenido@smfd.us

Santa Monica Fire Department
333 Olympic Drive
Santa Monica, California 90401
Attention: Jim Hone, Fire Chief
Telephone: (310) 458-8661
E-mail: jim.hone@smgov.net

South Pasadena Fire Department
817 Mound Avenue
South Pasadena, California 91030
Attention: Jerry Wallace, Fire Chief
Telephone: (626) 403-7300
E-mail: jwallace@ci.south-pasadena.ca.us

Torrance Fire Department
1701 Crenshaw Boulevard
Torrance, California 90501
Attention: Richard Bongard, Fire Chief
Telephone: (310) 781-7000
E-mail: rbongard@torrnet.com

Vernon Fire Department
3375 Fruitland Avenue
Vernon, California 90058
Attention: Mark C. Whitworth
Telephone: (323) 583-8811
E-mail: Mwhitworth@ci.vernon.ca.us

West Covina Fire Department
P. O. Box 1440
West Covina, California 91793
Attention: Richard Elliott, Fire Chief
Telephone: (626) 338-8800
E-mail: richard.elliott@westcovina.org

3. TERM

The term of Cardiac Care Program Equipment Agreement Amendment No.1 is effective September 5, 2006 through September 30, 2007.

4. FINANCIAL INFORMATION

The Cardiac Care Program Equipment Agreement and Amendment is 100% funded by \$4.0 million in Measure B TPA funds previously approved by your Board on September 5, 2006. Funding is included in the Department's Fiscal Year 2006-07 Final Budget.

5. PRIMARY GEOGRAPHIC AREA TO BE SERVED:

Countywide.

6. APPROVALS:

Emergency Medical Services Agency: Cathy Chidester, Acting Director

Contracts and Grants Division: Cara O'Neill, Chief

County Counsel: Edward A. Morrissey, Sr. Deputy County Counsel

CAO Budget Unit: Latisha Thompson

EXHIBIT I



EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC STANDING FIELD
TREATMENT PROTOCOL AGREEMENT

BY AND BETWEEN
COUNTY OF LOS ANGELES
AND
(CONTRACTOR)

JULY 2007

EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC
STANDING FIELD TREATMENT PROTOCOL AGREEMENT

TABLE OF CONTENTS

<u>PARAGRAPH</u>	<u>PAGE</u>
1. <u>BASIS AND PURPOSE</u>	4
2. <u>TERM</u>	4
3. <u>ADMINISTRATION</u>	5
4. <u>CANCELLATION</u>	5
5. <u>RESPONSIBILITIES OF THE MEDICAL DIRECTOR RELATING TO SFTPs</u> ..	5
6. <u>RESPONSIBILITIES OF PROVIDER RELATING TO SFTPs</u>	10
7. <u>INDEPENDENT CONTRACTOR STATUS</u>	14
8. <u>INDEMNIFICATION</u>	14
9. <u>REVISIONS TO SFTPs</u>	15
10. <u>PROBLEM RESOLUTION AND NOTICE OF CORRECTION</u>	16
11. <u>DUE PROCESS</u>	17
12. <u>NCOMPLIANCE WITH HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996</u>	19
13. <u>NO THIRD PARTY RIGHTS</u>	20
14. <u>PARTIAL INVALIDITY</u>	20
15. <u>NOTICES</u>	21

EXHIBITS

- EXHIBIT I - STANDING FIELD TREATMENT PROTOCOLS
- EXHIBIT II - RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC
STANDING FIELD TREATMENT PROTOCOL AGREEMENT

TABLE OF CONTENTS

EXHIBITS

- EXHIBIT III - EMS REPORT FORM
- EXHIBIT IV - EMS REPORT FORM (WITH DELINEATED DATA FIELDS)
- EXHIBIT V - CONDITIONS FOR PROVISION OF TEMIS SOFTWARE
- EXHIBIT VI - HARDWARE REQUIREMENTS (TEMIS)
- EXHIBIT VII - ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT
- EXHIBIT VIII - MONTHLY RUN VOLUME REPORT

Contract No. _____

**EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC STANDING FIELD TREATMENT
PROTOCOL AGREEMENT**

THIS AGREEMENT is made and entered into this _____ day
of _____, 2007,

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

(hereafter "Provider").

WHEREAS, pursuant to the authority granted under the
Emergency Medical Services and Prehospital Emergency Medical Care
Personnel Act (Health and Safety Code, Sections 1797, et seq.),
("Act") County has established and maintains an Advanced Life
Support ("ALS") system providing services utilizing Emergency
Medical Technicians-Paramedics (hereafter "EMT-P", or
"paramedics") for the delivery of emergency medical care to the
sick and injured at the scene of an emergency, during transport
to a general acute care hospital, during interfacility transfer,
while in the emergency department of a general hospital, until
care responsibility is assumed by the regular staff of that
hospital, and during training within the facilities of a
participating general acute care hospital; and

WHEREAS, under the Act County has designated its Department of Health Services (hereafter "DHS") as the local Emergency Medical Services Agency (hereafter "EMS Agency"); and

WHEREAS, the EMS Agency approves paramedic provider agencies, to render through licensed and accredited EMT-P personnel advanced life support level patient care in accordance with policies and procedures established by the EMS Agency and the State EMS Authority; and

WHEREAS, under Title 22, California Code of Regulations, Section 100144(d), the Medical Director of the local EMS Agency ("Medical Director") may approve policies and procedures allowing an EMT-P to initiate any EMT-P activity without voice contact for medical direction from a physician or mobile intensive care nurse, provided that continuous quality improvement ("CQI") measures are in place as specified in Section 100167 of such regulations; and

WHEREAS, the Medical Director, in consultation with the Standing Field Treatment Protocols (SFTP) Medical Advisors, has developed and approved specific SFTPs which may be implemented by paramedic provider agencies specifically approved to utilize such protocols without voice contact for medical direction from a physician or mobile intensive care nurse (MICN); and

WHEREAS, the EMS Agency has established a systemwide CQI

program as defined and required in Sections 100136 and 100172 of Title 22 of the California Code of Regulations; and

WHEREAS, the _____ Fire Department (hereafter "Provider"), is an approved primary provider of prehospital emergency medical services with the City of _____, and is staffed with certified Emergency Medical Technician-Is ("EMT-Is") and licensed and accredited Emergency Medical Technician-Paramedics ("EMT-P"); and

WHEREAS, Provider desires to utilize SFTPs for Provider paramedic units in accordance with policies and procedures established by the local EMS Agency; and

WHEREAS, Provider has a CQI program approved by the EMS Agency; and

WHEREAS, Provider, Provider's assigned base hospital, and the EMS Agency, have agreed to cooperate to identify problems and facilitate the improvement of prehospital care through the use of SFTPs; and

WHEREAS, the parties agree to cooperate with each other and with paramedic base hospitals in the joint development and implementation of SFTPs to meet the needs of Los Angeles County 9-1-1 patients, efficiently and appropriately; and

WHEREAS, County's authority for this Agreement is found in Health and Safety Code Section 1797.252, Title 22, California

Code of Regulations Section 100168, and Government Code Section 26227; and

WHEREAS, the parties agree to the following for purposes of Health and Safety Code Section 1797.201: (a) Provider does not waive its "grandfather" status, if applicable, under Health and Safety Code 1797.201, (b) This agreement is solely for the purpose of allowing Provider to utilize SFTP's and as such does not impact any of Provider's present or future rights under Health and Safety Code 1797.201.

NOW, THEREFORE, the parties agree as follows:

1. BASIS AND PURPOSE: The basis of this Agreement is the desire and intention of the parties to cooperate in the development, implementation, and evaluation of SFTP's utilized by Provider and specifically identified in Exhibit I of this Agreement, attached hereto and incorporated herein by reference. Its purpose is to establish, in a manner reflective of such cooperative basis: that (a) appropriate prehospital emergency medical care is rendered by Provider's paramedics; (b) the specific duties and responsibilities of the parties with respect to SFTP's as expressed herein are addressed; and (c) appropriate mechanisms and procedures for problem resolution regarding SFTP's are in place.

2. TERM: The term of this Agreement shall commence on the

date the Agreement is executed on behalf of all parties, and shall continue in full force and effect, unless sooner canceled, terminated, or suspended as provided herein, to and including June 30, 2012. This Agreement shall be reviewed, at least once during the term of the Agreement by the parties' representatives, to ensure its applicability to then current conditions, policies, and protocols specific to the SFTPs.

3. ADMINISTRATION: The Medical Director or designee shall have the authority to administer this Agreement on behalf of County. Provider's Fire Chief or his or her designee is authorized to administer this Agreement on behalf of Provider.

4. CANCELLATION: Parties agree either party may cancel this Agreement at any time for any reason, whether with or without cause, by giving at least sixty (60) calendar days prior written notice thereof to the other.

5. RESPONSIBILITIES OF THE MEDICAL DIRECTOR RELATING TO SFTPs: The Medical Director of the EMS Agency shall be responsible for the following relating to SFTPs:

A. In consultation with the SFTP Medical Advisors, develop and approve specific SFTPs for utilization by paramedics that are consistent with State and County statutes, regulations, and standards.

B. Provide adequate standardized training materials

for paramedics who are employed by Provider that will enable them to utilize all SFTP's properly.

C. Maintain a countywide CQI program which addresses the utilization and evaluation of SFTP's by Provider.

D. On a quarterly basis, provide compliance reports with pertinent SFTP data specific to Provider as well as data on SFTP compliance of all providers utilizing SFTP's with Los Angeles County. All data submitted or utilized by either Provider or EMS Agency shall be solely for the purpose of systemwide CQI and shall be redacted so it shall contain no names or identifiers relating to either Provider or individual paramedics employed or engaged by Provider.

E. Assess Provider's compliance with SFTP's by means of scheduled annual audits of Provider's SFTP program. Any deviation from the annual audit schedule shall be based on agreement of both parties. A copy of the results of these SFTP audits and all recommended systemwide corrective actions related to Provider's use of SFTP's shall be given to Provider in a timely manner. Parties agree only items pertaining to Agreement shall be reviewed during these audits, unless otherwise agreed upon prior to site visit. Such site visits shall be scheduled no less than thirty (30) days prior to the actual visit to allow Provider sufficient

time to assemble required materials.

F. Assess the SFTP program by observing, on a first-hand basis, through prearranged ride-alongs or attendance of Provider's continuing education classes.

G. Review, in concert with the Fire Chief of Provider or approved designee, the Agreement at least once every two (2) years to ensure applicability to then current conditions, policies, procedures, and protocols specific to SFTPs.

H. Notwithstanding any other provision of this Agreement, the Medical Director may immediately suspend this Agreement in writing if it is reasonably determined: (i) the health and safety of prehospital patients is jeopardized by the continued utilization of SFTPs, (ii) Provider's EMT-Ps consistently or intentionally fail to comply with one or more SFTPs as promulgated by the EMS Agency, (iii) Provider fails to comply with provisions of this Agreement or the policies and procedures contained in the EMS Agency's Prehospital Care Policy Manual pertaining to SFTPs, or (iv) within three (3) days after Provider's Fire Chief's receipt of a report, Provider fails to comply with any corrective actions reported to Provider by the EMS Agency which are necessary to continue utilization of SFTPs.

I. Suspension may: a) affect all of Provider's EMT-P personnel utilizing SFTPs or b) be limited to one or more of its EMT-Ps. Any action taken against Provider (or Provider's personnel) shall follow "Due Process" procedures as outlined in Paragraph 11 of this Agreement.

J. In all cases of suspension, except summary suspension and summary suspension with intent to terminate, any actions regarding SFTPs taken against individual EMT-P personnel and involving State licensure shall follow State "Recommended Guidelines for Disciplinary Orders & Conditions of Probation" (Exhibit II), attached hereto and incorporated herein by reference, and include appropriate form(s) of notice to both affected personnel and Provider.

K. Affected EMT-P personnel shall not utilize SFTPs and shall contact their assigned base hospital for patient care direction and on-line medical control provided under REFERENCE NO. 808, BASE HOSPITAL CONTACT AND TRANSPORT CRITERIA, in EMS Agency's Prehospital Care Policy Manual during the duration of the suspension.

L. The length of suspension will be based upon the time required for Provider to effectively implement the recommended corrective action, but shall not exceed one hundred-eighty (180) calendar days.

M. Recommendations for corrective action will be made on a case-by-case basis. Provider may be required to provide adequate assurances of its ability to comply with the recommended action(s) in the event of a prolonged suspension (greater than ninety [90] days).

N. Medical Director agrees data obtained from EMS Agency reports submitted by Provider through normal channels shall be used for statistical analysis audit purposes only. Representatives of the Medical Director and the EMS Agency may request copies of EMS Agency records, run reports, tapes, and logs associated with the utilization of SFTPs for investigative purposes; provided, that procedures for Due Process are followed as outlined in Paragraph 11 of this Agreement. Representatives of the Medical Director or the EMS Agency shall comply with all applicable State and Federal laws relating to confidentiality and disclosure and shall maintain the confidentiality of copies of records, run reports, tapes, and logs submitted hereunder and shall disclose any such materials to third parties only if required by law to do so. Incident reports and other risk management reports prepared by Provider for its attorney(s), which are protected by the attorney-client privilege provisions of the Evidence Code, shall not be a subject of

disclosure to EMS Agency under this Paragraph.

6. RESPONSIBILITIES OF PROVIDER RELATING TO SFTPS:

Provider hereby agrees to the following regarding SFTPS:

A. Adhere to all policies and procedures of the EMS Agency pertaining to SFTPS as outlined in the EMS Agency's Prehospital Care Policy Manual.

B. Utilize only SFTPS approved and authorized by the Medical Director. Patients with signs/symptoms not covered by SFTPS shall be treated in accordance with established policies and procedures delineated in the EMS Agency's Prehospital Care Policy Manual.

C. For the purposes of audit and statistical analysis, complete one EMS Agency approved EMS REPORT Form, (Exhibit III), attached hereto and incorporated herein by reference, for every EMS response where SFTPS are utilized and submit all such forms to EMS Agency within twenty-one (21) calendar days after end of month in which response occurred. If captured only electronically, Provider shall enter the required data elements following the format specified in Exhibit IV, attached hereto and incorporated herein by reference, within twenty-one (21) calendar days after the end of month in which response occurred. If the EMS Agency is providing software for data entry, all conditions for

provision of TEMIS software (Exhibits V, VI, VII, and VIII), attached hereto and incorporated herein by reference, shall be in effect.

D. Develop, implement, and maintain a CQI program approved by the EMS Agency to include a written plan describing the program objectives, organization, scope, and mechanisms for overseeing the effectiveness of the SFTP program.

E. Allow the Medical Director or designee(s) to assess Provider's compliance with SFTPs by means of scheduled annual audits of Provider's SFTP program. Any deviation from annual audit schedule shall be based on agreement of both parties.

F. Permit the Medical Director or designee(s) to assess the SFTP program by observing, on a first-hand basis, through prearranged ride-alongs and attendance of Provider's continuing education classes.

G. Maintain a designated physician medical advisor or nurse educator who is a MICN or MICN eligible, to provide medical oversight of the utilization of SFTPs.

H. Ensure at least two (2) working mechanisms, including, but not limited to, cellular or digital phones, radio and dispatch, are in place to identify hospitals on

diversion and to notify receiving hospitals of the pending arrival of patients for whom SFTPs have been employed and base contact was not initiated for medical orders. The communication devices selected by Provider, other than those devices noted above, shall be approved by the EMS Agency. Any communication device approved by the EMS Agency for one (1) provider agency shall be deemed approved for all provider agencies.

I. Provide copies of all EMS records, run reports, tapes, and logs pertaining to use(s) of SFTPs as required by law and/or upon receipt of notice/request by the Medical Director or his/her designee(s). Provider agrees data obtained from EMS reports submitted by Provider through normal channels shall be used for statistical analysis audit purposes only. Representatives of the Medical Director and the EMS Agency may request copies of EMS records, run reports, tapes, and logs associated with the utilization of SFTPs for investigative purposes; provided, that procedures for Due Process are followed as outlined in Paragraph 11 of this Agreement. Provider will, upon proper request and in a timely manner, submit copies to EMS Agency of EMS records, run reports, tapes, and logs associated with utilization of SFTPs in question.

J. Provide copies of all EMS records, run reports, tapes, and logs associated with the utilization of SFTPs to the EMS Agency only after the Medical Director or designee(s) of the EMS Agency submits a written request to Provider stating the factual basis and reasons why such copies are necessary. Provider shall respond to the EMS Agency in a timely manner. All such records, run reports, tapes, and logs pertaining to utilization of SFTPs shall be retained in Los Angeles County by Provider for the period of time required by law and by EMS Agency's Prehospital Care Policy Manual, REFERENCE NO. 610, RETENTION OF PREHOSPITAL CARE RECORDS. Copies of any such records, run reports, tapes, and logs submitted to the Medical Director or designee(s) hereunder may only be used for audit, investigation, or statistical analysis purposes.

K. Ensure all field personnel operating under SFTPs shall receive a standardized orientation class on SFTP treatment protocols approved by the Medical Director.

L. Utilize SFTPs only when a paramedic rescue unit is staffed so at least one (1) of the EMT-Ps assigned to the unit has a minimum of one (1) year's experience as a paramedic and has received accreditation as an EMT-P in Los Angeles County and each member staffing the unit has

received the standardized SFTP orientation/training program. In the event Provider is unable to provide the staffing required for SFTP utilization in a paramedic unit, the paramedic unit shall not utilize SFTPs and shall contact its assigned base hospital for patient care direction and on-line medical control provided under REFERENCE NO. 808, BASE HOSPITAL CONTACT AND TRANSPORT CRITERIA, in the EMS Agency's Prehospital Care Policy Manual.

M. Through the Fire Chief of Provider or his/her designee, review Agreement at least once during the term of this Agreement in concert with the Medical Director or designee to ensure applicability to then current conditions, policies, procedures, and protocols relating to SFTPs.

7. INDEPENDENT CONTRACTOR STATUS: This Agreement is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, between either party to this Agreement.

Provider understands and agrees all Provider employees rendering prehospital emergency medical care services under this Agreement are, for purposes of Workers' Compensation liability, employees solely of Provider and not of County.

8. INDEMNIFICATION: Pursuant to the provisions of Sections 895.4 et seq. of the California Government Code, each party agrees

to indemnify and hold the other harmless from all loss or liability for injury or damage, actual or alleged, to person or property arising out of or resulting from the indemnifying party's acts or omissions in the performance of this Agreement.

In the event of third-party loss caused by the negligence, wrongful act, or omission of both parties, each party hereto shall bear financial responsibility in proportion to its percentage of fault as may be mutually agreed between them or judicially determined.

9. REVISIONS TO SFTPs:

A. In all cases where the EMS Agency has proposed a revision to the SFTPs, the Fire Chief of Provider shall be given prompt written notice by Medical Director or his/her designee of the specific changes and basis upon which the EMS Agency's action is based. Provider shall be afforded a right to comment on the proposed changes and request a private meeting with the Medical Director before implementation of the proposed changes. The Fire Chief of Provider shall have thirty (30) calendar days following the receipt of such notice within which to file with the Medical Director comments and a written request for such a meeting to discuss Provider's response to the EMS Agency's proposed changes.

B. Upon receipt of Provider's request for meeting hereunder, the Medical Director shall schedule, within ten (10) calendar days after the receipt of the request, a meeting with Provider representatives to review the basis for the changes to the SFTPs.

C. Within ten (10) calendar days following the meeting, the Medical Director shall issue a written decision to Provider regarding EMS Agency action or proposed action.

10. PROBLEM RESOLUTION AND NOTICE OF CORRECTION:

A. The Fire Chief of Provider shall name specific individuals within Provider's agency who are authorized to assist the Medical Director with problem resolution under this Agreement and to respond to written requests of the Medical Director for information regarding any perceived SFTP problem within fourteen (14) calendar days.

B. Provider is encouraged to resolve normal day-to-day operational concerns directly with involved base hospitals, receiving hospitals, etc. If a problem is not resolved at this level, then the Fire Chief of Provider or his/her designee may refer it to the Medical Director of the EMS Agency for further review and action.

C. Problems perceived by Provider that have a systemwide impact should be referred directly to the Medical

Director.

11. DUE PROCESS: Parties hereby agree to follow procedures of Due Process regarding authorization to utilize SFTP's by individual or Provider which shall consist of the following:

A. Notice of Adverse Action - In all cases in which the EMS Agency has taken or proposed an adverse action involving the SFTP program, hereafter set forth, the Fire Chief of Provider shall be given prompt written notice by the Medical Director or his/her designee of the specific charges and factual basis upon which the Medical Director's action is based. With the exception of summary suspension actions or a summary suspension with intent to terminate action, Provider shall be afforded a right to request an informal meeting with the Medical Director before implementation of any actions. The Fire Chief of Provider shall have thirty (30) calendar days following the receipt of such notice within which to file with the Medical Director a written request for an informal review to discuss Provider's response to the EMS Agency's action or proposed action.

B. Grounds for Informal Hearing - Provider shall be provided an opportunity to respond to any one or more of the following actions, which shall be considered to constitute grounds for an informal hearing: a) summary suspension of

Provider's ability to utilize one (1) or all of the approved SFTPs; b) summary suspension of authorization of one (1) or more of Provider's EMT-Ps to utilize SFTPs; or c) summary suspension with intent to terminate any further utilization of SFTPs by one (1) or more of Provider's EMT-Ps.

C. EMS Agency Informal Hearing Procedures: Upon receipt of Provider request for hearing hereunder, the Medical Director shall schedule such a hearing within ten (10) calendar days thereafter with representatives of Provider to review the basis for the adverse action.

D. Within ten (10) calendar days following the meeting, the Medical Director shall issue a written decision to Provider regarding EMS Agency action or proposed action. With respect to Medical Director decisions regarding summary suspensions, Provider may appeal any such decision to the Director of DHS. Such request shall be in writing and addressed to the Medical Director who will immediately forward same to the Director of DHS for the scheduling of a meeting between EMS Agency staff, representatives of Provider, and the Director of DHS to review the basis for the Medical Director's decision. Following such meeting, the Director of DHS may either sustain the Medical Director's decision or make

recommendations to the Medical Director regarding other disposition of the matter.

E. Nothing in this Paragraph 11 shall affect County's right to cancel this Agreement under Paragraph 4 of Agreement unless such cancellation relies on an action or inaction for which Due Process is required by Paragraph No. 11 and if so, then such right cannot be exercised until full compliance with the Due Process procedure.

12. COMPLIANCE WITH HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996: The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"). Provider understands and agrees as a provider of medical treatment services, it is a "covered entity" under HIPAA and, as such, has obligations with respect to the confidentiality, privacy and security of patients' medical information, and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of its staff and the establishment of proper procedures for the release of such information, and the use of appropriate consents and authorizations specified under HIPAA.

The parties acknowledge their separate and independent obligations with respect to HIPAA, and such obligations relate to

transactions and code sets, privacy, and security. Provider understands and agrees it is separately and independently responsible for compliance with HIPAA in all these areas and County has not undertaken any responsibility for compliance on Provider's behalf. Provider has not relied, and will not in any way rely, on County for legal advice or other representations with respect to Provider's obligations under HIPAA, but will independently seek its own counsel and take the necessary measures to comply with the law and its implementing regulations.

Provider and County understand and agree each is independently responsible for HIPAA compliance and agree to take all necessary and reasonable actions to comply with the requirements of the HIPAA law and implementing regulations related to transactions and code set, privacy, and security. Each party further agrees to indemnify and hold harmless the other party (including their officers, employees, and agents), for its failure to comply with HIPAA.

13. NO THIRD PARTY RIGHTS: No provision in this Agreement shall be construed to confer any rights to any third person or entity.

14. PARTIAL INVALIDITY: The body of this Agreement, and any exhibits attached hereto, fully express all understandings of the parties concerning all matters covered and shall constitute the

total Agreement. No addition to or alteration of the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents, or employees, shall be valid unless made in the form of a written amendment to this Agreement which is formally approved and executed by the parties. If for any reason, any provision of this Agreement is held invalid, the remaining provisions shall remain in full force and effect.

15. NOTICES: Any and all notices required, permitted, or desired to be given hereunder by one party to the other shall be in writing and shall be delivered to the other party personally or by United States mail, certified or registered, postage prepaid, return receipt requested, to the parties at the following addresses and to the attention of the person named. The Medical Director shall have the authority to issue all notices which are required or permitted by County hereunder. Addresses and persons to be notified may be changed by one party by giving at least ten (10) calendar days prior written notice thereof to the other.

A. Notices to County shall be addressed as follows:

- (1) Department of Health Services
Emergency Medical Services Agency
5555 Ferguson Drive, Suite 220
Commerce, California 90022
Attention: Director
- (2) Department of Health Services
Contracts and Grants Division
313 North Figueroa Street

Sixth Floor East
Los Angeles, California 90012

Attention: Division Chief

- (3) Auditor-Controller
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 525
Los Angeles, California 90012

Attention: Director

B. Notices to Provider shall be addressed as follows:

- (1) _____
Street Address
City, California Zip Code

Attention:

IN WITNESS WHEREOF, the Board of Supervisors of the County
of Los Angeles has caused this Agreement to be subscribed by its

/

/

/

/

/

/

/

/

/

/

Director of Health Services, and Provider has caused this Agreement to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

(PROVIDER NAME)

COUNTY OF LOS ANGELES

(PROVIDER OFFICIAL)
TITLE OF PROVIDER OFFICIAL

By _____
Bruce A. Chernof, M.D.
Director and Chief Medical Officer

APPROVED AS TO PROGRAM:
Department of Health Services

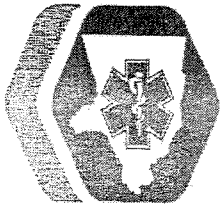
By _____
CATHY CHIDESTER, Acting Director
Emergency Medical Services Agency

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By _____
Cara O'Neill, Chief
Contracts and Grants Division



EMERGENCY MEDICAL
SERVICES AGENCY
LOS ANGELES COUNTY

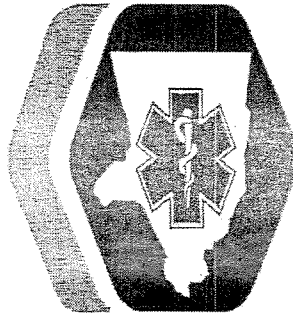
Los Angeles County
**STANDING
FIELD
TREATMENT
PROTOCOLS**

APPROVED FOR FIELD IMPLEMENTATION
BY SFTP AUTHORIZED
PROVIDER AGENCY ONLY

County of Los Angeles • Department of Health Services

Revised September 2006

COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

Carol Meyer
Director

William J. Koenig, M.D.
Medical Director

Los Angeles County EMS Agency
5555 Ferguson Drive, Suite 220
Commerce, California 90022
(323) 890-7500

DEDICATION

This handbook is dedicated to the patients served by the Los Angeles County EMS system, and to the men and women who care for them.


NOTICE

Standing Field Treatment Protocols (SFTPs) are ONLY to be used by paramedics employed by paramedic provider agencies which have been approved as SFTP providers.

Paramedics who utilize these protocols without authorization are considered functioning out of the Paramedic Scope of Practice.

General Instructions

The Protocols have been developed for use by the field paramedics with a sign/symptom orientation to treating the prehospital care patient. By determining the patient's chief complaint or problem, identify the Treatment Protocol that best meets the patient's needs, keeping in mind the following special points:

- If more than one protocol applies, begin by using the one most closely associated with the patient's primary complaint. Refer to others as needed and incorporate Procedures Prior to Base Contact, Ref. 806.
- If patient status changes, you may need to use a different protocol. Use the new protocol by taking into account those treatments already performed.
- Base contact shall be made: 1) if indicated in the protocols, 2) in nontraumatic patients with poor perfusion, 3) if unlisted treatments may be necessary, 4) if consultation with the base hospital may be helpful in any situation, or 5) STEMI notification and destination.
- In general, follow each protocol in the sequence indicated.
- All **Pharmacologic agents are bolded**.
- Treatments specific to pediatric patients are preceded by a "Teddy Bear" symbol. 
- All pediatric patients managed by a paramedic must have a color code determined using the Broselow Pediatric Emergency Tape and recorded on the EMS Report Form in the patient weight section. Medication dosages may be determined by using the color code and the "Color Code Drug Doses/L.A. County Kids" chart or by using the dosage reference in each SFTP. Each provider agency should determine which specific method to use when calculating medication dosages.
- Specific information regarding pharmacologic agents will be found in the **Drug Considerations** section. Information to assist the user includes dose considerations, alternate routes, cautions and pediatric doses.
- Special information unique to the particular protocol will be found in the **Special Considerations** section.
- The protocols have not been developed with the intent that all therapies be done on scene. Transport of patients with treatment enroute is left to the discretion of the field unit.

SFTP INDEX

General ALS

September 2006

Dysrhythmias/Cardiac Arrest

D1	SYMPTOMATIC BRADYCARDIA	No SFTP
D2	SUPRAVENTRICULAR TACHYCARDIA	No SFTP
D3	V-TACH WITH PULSES	No SFTP
D4	V-FIB/PULSELESS V-TACH (Adult)	No SFTP
D5	ASYSTOLE (Adult)	No SFTP
D6	PULSELESS ELECTRICAL ACTIVITY(Adult)	No SFTP

Environmental

E1	BITES & STINGS	No SFTP
E2	DECOMPRESSION EMERGENCY	No SFTP
E3	HAZARDOUS MATERIALS EMERGENCY	No SFTP
E4	HYPERTHERMIA (Environmental)	No SFTP
E5	HYPOTHERMIA	No SFTP
E6	NEAR DROWNING	No SFTP
E7	PESTICIDE EXPOSURE (Organophosphates)	No SFTP

Medical

M1	ALLERGIC REACTION/ANAPHYLAXIS	No SFTP
M2	ALTERED LEVEL OF CONSCIOUSNESS	January 2005
M3	BEHAVIORAL EMERGENCY	No SFTP
M4	CHEST PAIN	September 2006
M5	DYSTONIC REACTION	No SFTP
M6	HYPERTENSION	Deleted 2003
M7	NONTRAUMATIC ABDOMINAL/PELVIC PAIN	September 2006
M8	NONTRAUMATIC HYPOTENSION	No SFTP
M9	OVERDOSE/POISONING (Suspected)	September 2006
M10	RESPIRATORY DISTRESS (Without Wheezing or Rales)	March 2003
M11	RESPIRATORY DISTRESS (Basilar Rales)	October 2004
M12	RESPIRATORY DISTRESS (Wheezing)	March 2003
M13	SEIZURE (Adult)	September 2006
M14	STROKE/ACUTE NEURO DEFICITS	September 2006
M15	SYNCOPE	January 2005

SFTP INDEX

Pediatrics/Childbirth

P1	ACTIVE LABOR/EMERGENCY CHILDBIRTH (Mother)	March 2006
P2	EMERGENCY CHILDBIRTH (Newborn)	November 2004
P3	NEONATAL RESUSCITATION	No SFTP
P4	PEDIATRIC ARREST	No SFTP
P5	SEIZURE (Pediatric)	September 2006
P6	SYMPTOMATIC BRADYCARDIA (Pediatric)	No SFTP
P7	TACHYDYSRHYTHMIA (Pediatric)	No SFTP

Trauma

T1	BURNS	September 2006
T2	MINOR TRAUMA	March 2003
T3	MAJOR TRAUMA	September 2006
T4	TRAUMATIC ARREST	September 2006
T5	TRAUMATIC CRUSH INJURY/SYNDROME	No SFTP

Pain

ALS/BLS	PAIN ASSESSMENT
---------	-----------------

Dysrhythmias/Cardiac Arrest

CA	ADULT NON-TRAUMATIC CARDIAC ARRESTS PROTOCOL (Approved for used by: Burbank, Culver City, and Long Beach Fire Departments)	June 2006
----	--	-----------

Perfusion Status

Many protocols differentiate treatment based on perfusion status using the following definitions:

Perfusing – adequate circulation of blood through organs and tissues, manifested by normal pulse, tissue color, level of consciousness and blood pressure.

Poor Perfusion – inadequate circulation of blood through organs and tissues, manifested by abnormal pulse, tissue color, level of consciousness, blood pressure, chest pain and shortness of breath.

Perfusion is determined based on a combination of parameters, including heart rate, blood pressure, tissue color, and mentation. Base hospital contact should be initiated on patients who are hypotensive or where perfusion status is borderline.

Guidelines for determination of perfusion:

ADULT PATIENTS

- Systolic blood pressure < 90 - 100. Many medications are not administered if the systolic blood pressure is less than 100
- Heart rate of 150 or greater in conjunction with ALOC, shortness of breath, chest pain or other parameters
- Heart rate of 60 or less in conjunction with ALOC, shortness of breath, chest pain or other parameters
- Pulse quality (weak/thready) and location (peripheral vs central)
- Increased respiratory effort and/or rate > 20 - 24 in conjunction with other parameters
- Tissue color (cyanosis, pallor) in conjunction with other parameters
- Delayed capillary refill time
- Altered mental status (includes anxiety, restlessness, lethargy, ALOC) in conjunction with hypotension and/or tachycardia and/or bradycardia and/or shortness of breath and/or tissue color
- History of chief complaint/potential for rapid deterioration

PEDIATRIC PATIENTS

- Systolic blood pressure < 60 in conjunction with other parameters
- Heart rate < 60 or > 180 in conjunction with other parameters
- Labored respirations (retractions, grunting, nasal flaring) in conjunction with other parameters
- Tissue color (pallor, cyanosis, mottling) are considered signs of poor perfusion despite the presence of normal blood pressure
- Altered mental status (includes anxiety, restlessness, lethargy, ALOC)
- Delayed capillary refill time in conjunction with other parameters
- History of chief complaint/potential for rapid deterioration

Airway/Oxygen Therapy

Providing oxygen to prehospital patients is frequently a lifesaving procedure. In particular, patients in acute respiratory distress should receive aggressive oxygenation. This includes patients who have a history of chronic lung disease.

Basic airway maneuvers - - establish and maintain open airway with positioning, obstructed airway maneuvers, airway adjuncts and suctioning

PREFERRED - - MASK @ 10-15L/min

Alternative - - cannula @ 6L/min

COPD without distress - - cannula @ 2L/min

To assist respirations - - bag-value device @ 10-15L/min

Advanced airway maneuvers

ADULT - - direct laryngoscopy and/or endotracheal intubation or esophageal tracheal combitube (ETC)

PEDIATRICS - - direct laryngoscopy

Venous Access

Venous access consists of insertion of a catheter into a vein utilizing a saline lock or an intravenous line of Normal Saline at one of the following rates:

Saline lock - - Intermittent IV device; used on patients who have stable vital signs and/or do not require volume replacement but may require limited intravenous medications.

To keep open (TKO) - - slowest drip rate (approx. 30gtts/min); used in patients where there is a possibility of needing fluid replacement or multiple intravenous medications.

Fluid challenge - - 10ml/kg rapid IV fluid bolus. Pediatrics: 20ml/kg

Fluid resuscitate - - wide open intravenous fluid administration through large lumen tubing, preferably with two sites. Pediatrics: 20ml/kg

EKG Documentation

Proper EKG documentation is essential for patient care and quality improvement purposes. Therefore, EKG interpretation must be documented on the front of the EMS Report Form in the EKG Section and strips must be attached (taped, stapled, etc.) to the reverse side of the following:

Receiving Hospital copy (red/pink) - - for continuation of patient care (1st priority)

Provider Agency copy (original) - - official medical record

The patient's name and/or sequence number should be written on the EKG strip. If only one segment of the EKG is available (i.e., burst of V Tach), attach to Receiving Hospital copy, and if possible, photocopy and attach to the Provider Agency copy.

Receiving Hospital Report

Additional information may be reported by the paramedic or requested by the receiving hospital:

Medical Patient

Provider Code/Unit #

"We have a protocol patient"

Chief complaint

Age/gender

Level of distress

Name of the protocol (number optional)

Destination/ETA

Minor Trauma Patient

Provider Code/Unit #

"We have a Minor Trauma protocol Patient"

Age/gender

Level of distress

Mechanism of injury

Location of injuries/Chief Complaint

Destination/ETA

Major Trauma Patient

Provider Code/Unit #

"We have a Major Trauma protocol patient by _____(criteria, guidelines or judgement)

Sequence number

Age/gender

Mechanism of injury

Level of distress

Location of injuries/region(s) of the body affected

Complete vital signs/GCS

Airway adjuncts utilized

Pertinent information (flail segment, rigid abdomen, evisceration)

Destination/ETA

Field Treatment

Note: ①

1. Basic airway/spinal immobilization prn
2. Oxygen prn
3. Advanced airway prn
4. Cardiac monitor prn
5. Venous access prn
6. Perform blood glucose test prn
7. If hypoglycemia, **dextrose 50%** 50ml IVP; or, if patient awake and alert, an oral glucose preparation
② ③
8. Reassess for deterioration and treat by appropriate protocol or BASE CONTACT.

Note: ④ ⑤

Special Considerations

① This protocol includes, but is not limited to, vague chief complaints such as:

general weakness
malaise
nausea/vomiting
vaginal bleeding (< 20 weeks gestation/no pain/normal vital signs)
near syncope
palpitations/no dysrhythmia
dizziness/vertigo

② If fluid challenge indicated, base contact required.

③ If blood glucose <80mg/dl (chemstrip) or <60mg/dl (glucometer, if known diabetic <80).

④ The ALS protocol is used for a variety of vague symptoms; therefore, the receiving hospital report must include the patient's chief complaint.

⑤ Base contact required for dysrhythmias:

Symptomatic bradycardia
Symptomatic atrial fibrillation/flutter
Ventricular tachycardia
Second and third degree heart blocks
Escape ventricular rhythms
Bradycardia with Ventricular ectopy

ALS

GENERAL ALS

ENVIRONMENTAL

(No Approved SFTP's)

Field Treatment

1. Basic airway/spinal immobilization prn

2. Oxygen

Note: ①

3. Advanced airway prn

4. Cardiac monitor prn/document rhythm and attach EKG strip

5. Venous access

6. Blood glucose test

7. If hypoglycemia, **dextrose 50% 50ml** slow IVP.

①②

△ May repeat one time.

8. If blood glucose < 80 and unable to establish venous access,


glucagon 1mg IM.

②

9. If hypoventilation or strong suspicion of narcotic overdose, treat by OVERDOSE/POISONING (M9) protocol.

Drug Considerations

Dextrose:

 ① Pediatrics:

0 – 2 years -- 2ml/kg of dextrose 25% IVP


Over 2 years -- 1ml/kg of dextrose 50% IVP

See Color Code Drug Doses/L.A. County Kids

If child >36kg, dextrose 50% 1cc/kg

Glucagon:

Pediatrics: 1mg IM

 ② See Color Code Drug Doses L.A. County Kids

Special Considerations

① Consider oral glucose agents for conscious known diabetic with a gag reflex.

② If blood glucose <80mg/dl (chemstrip) or <60mg/dl (glucometer, if known diabetic <80)

Field Treatment

1. Basic airway
2. Oxygen
3. Cardiac monitor/document rhythm and attach EKG strip
①
4. Venous access prn
5. For 12-lead capable provider agencies, perform a 12-lead EKG.

Note: If 12-lead EKG indicates ST elevation myocardial infarction (STEMI) or the manufacturer's equivalent of STEMI, base contact is required for notification and destination.

PERFUSING	POOR PERFUSION
<p>6. Nitroglycerin 0.4mg SL or transmucosal. ① ② ③</p> <p>☛ May repeat in 3-5 minutes two times.</p> <p>7. Aspirin 162mg chewable tablets PO. ④ ⑤ ⑤</p> <p>8. If pain unrelieved by 3 doses of nitroglycerin, morphine 2-10mg slow IVP titrated to pain relief. ⑥ ⑦</p> <p>☛ May repeat prn.</p>	<p>6. BASE CONTACT</p>

Drug Considerations

Nitroglycerin:

- ① Hold if BP < 100 systolic or if patient has taken sexual enhancement drugs within 24-48 hours (Viagra within 24 hours).
- ② If hypotension develops, place patient in shock position.
- ③ May administer prior to venous access.


Aspirin:

- ④ Contraindications:
 - Active GI bleeding or ulcer disease
 - Hypersensitivity/allergy
- ⑤ Aspirin should be administered, regardless of whether the patient is taking anticoagulants or states they have taken Aspirin prior to EMS arrival.

Morphine:

- ⑥ Hold if BP < 100 systolic or altered LOC
- ⑦ Maximum adult dose: 20mg

Special Considerations

- ① For dysrhythmias, treat by PROCEDURES PRIOR TO BASE CONTACT (Ref. No. 806) followed by BASE CONTACT.
-  ② For pediatrics, use steps 1-4 ONLY.
- ③ For suspected cardiac chest pain in patient < 30 years of age, BASE CONTACT required for drug therapy.
- ④ For noncardiac chest pain, **use steps 1-4 ONLY.**
- ⑤ If suspected cardiac pain but pain free upon ALS arrival, administer ASA.

Field Treatment

1. Basic airway
2. Oxygen prn
3. Cardiac monitor prn/document rhythm and attach EKG strip
4. Venous access prn
5. If nontraumatic patient with poor perfusion, treat by PROCEDURES PRIOR TO BASE CONTACT (Ref. No. 806) followed by BASE CONTACT.

Note: ①

Special Considerations

- ① Cardiac pain may present as abdominal pain. If suspicious of myocardial origin consider treating by CHEST PAIN **M4** protocol.
- ② If the patient is less than 20 weeks pregnant, use the **M7** protocol
If the patient is at least 20 weeks pregnant, use the **P1** protocol (active labor/emergency childbirth)

M7

NONTRAUMATIC ABDOMINAL PAIN

Field Treatment

1. Basic airway
2. Oxygen prn
- Note: ①
3. Advanced airway prn
4. Cardiac monitor prn/document rhythm and attach EKG strip
5. Venous access prn
6. Blood glucose test if altered level of consciousness
7. If hypoventilation or suspicion of narcotic overdose exists,
naloxone 0.8-2mg IVP titrated to adequate respiratory rate and tidal volume.
① ②
➤ Repeat every 5 minutes prn if partial response is noted.
8. If blood glucose < 80, **dextrose 50% 50ml** slow IVP. If patient awake and alert, consider an oral glucose preparation.
② ③
➤ May repeat one time.
9. If blood glucose < 80 and unable to establish venous access,
glucagon 1mg IM.

Note: ③

Drug Considerations

Narcan™(naloxone):

- ① Alternate routes: 2mg IM or 4mg ET
- 🦸 ② Pediatrics: 0.1mg/kg IVP or IM
See Color Code Drug Doses/L.A. County Kids

Dextrose:

- 🦸 ③ Pediatrics:
0 – 2 - - 2ml/kg of dextrose 25% IVP
Over 2 years - - 1ml/kg of dextrose 50% IVP
See Color Code Drug Doses/L.A. County Kids
If child >40kg, dextrose 50% 1cc/kg

Glucagon:

- 🦸 ④ Pediatrics: 1mg IM
See Color Code Drug Doses/L.A. County Kids

Special Considerations

- ① If narcotic overdose, consider venous access and naloxone prior to advanced airway.
- ② If blood glucose <80mg/dl (chemstrip) or <60mg/dl (glucometer, if known diabetic <80).

Field Treatment

1. Basic airway^①
2. Oxygen
3. If breath sounds diminished due to severe bronchospasm, treat by RESPIRATORY DISTRESS (Wheezing) **M12** protocol.
4. Advanced airway prn
5. Cardiac monitor/document rhythm and attach EKG strip
6. Venous access prn
7. If hypoventilation or strong suspicion of narcotic overdose exists, treat by OVERDOSE/POISONING (**M9**) protocol.

Note ②

Special Considerations

- ① Consider foreign body obstruction and appropriate BLS and ALS procedures.
- ② This guideline includes, but is not limited to, treatment of:
 - ✓ Foreign body obstruction
 - ✓ Croup
 - ✓ Epiglottitis
 - ✓ Inhalation injury
 - ✓ Pneumonia
 - ✓ Pulmonary edema
 - ✓ Respiratory arrest
 - ✓ Shortness of breath
 - ✓ Spontaneous pneumothorax
 - ✓ Tachypnea

M10

**RESPIRATORY DISTRESS
(Without Wheezing or Rales)**

Field Treatment

1. Basic airway
2. Oxygen
3. Advanced airway prn
4. Cardiac monitor/document rhythm and attach EKG strip
5. Venous access prn

Note: ①②

PERFUSING	POOR PERFUSION
<ol style="list-style-type: none">6. Nitroglycerin 0.4mg SL or transmucosal if SBP\geq100 Nitroglycerin 0.8mg SL or transmucosal if SBP\geq150 Nitroglycerin 1.2mg SL or transmucosal if SBP\geq200 ①②③④➤ May repeat in 3-5 minutes two times, checking vital signs between doses, administer subsequent doses as listed above based on SBP.7. If wheezing present, Albuterol 5mg via hand held nebulizer. Reassess breath sounds frequently. Can give simultaneously with nitroglycerin based on clinical assessment of the individual.8. If respiratory distress unrelieved by nitroglycerin, consider base contact.	<ol style="list-style-type: none">6. BASE CONTACT

Drug Considerations

Nitroglycerin:

(Viagra

- ① Hold if BP < 100 systolic or if patient has taken a sexually enhancing drug within 24 – 48 hours within 24 hours).
- ② If hypotension develops, place patient in shock position.
- ③ May administer prior to venous access.
- ④ Do not withhold repeat nitroglycerin while attempting IV access or if IV access is unobtainable.

Special Considerations



- ① For pediatrics, use steps 1-5 ONLY (unless poor perfusion).
- ② Use steps 1-5 only and/or any associated protocols for adult noncardiac respiratory distress, such as:
 - Overdose (M9)
 - Pneumonia
 - Inhalation injuries

Field Treatment

1. Basic airway
2. Oxygen
3. Advanced airway prn
4. Cardiac monitor prn/document rhythm and attach EKG strip
5. ① Venous access prn
6. **Albuterol 5mg** via hand-held nebulizer
①
↪ May repeat prn.
7. If deteriorating respiratory status, **epinephrine (1:1,000) 0.3mg SQ.**
② ③ ④ ⑤
Δ May repeat every 20 minutes two times.

Note: ②

Drug Considerations

Albuterol:

- 👤 ① **Pediatrics:**
See Color Code Drug Doses/L.A. County Kids
(0 -1 year - - 2.5mg)
(Over 1 year - - adult dose of 5mg)

Epinephrine:

- 👤 ② **Pediatrics:** 0.01mg/kg SQ. Maximum single dose: 0.3mg
See Color Code Drug Doses/L.A. County Kids

③ Monitor vital signs frequently after administration.

④ If patient is > 40 years of age, BASE CONTACT required due to possible cardiovascular disease.

⑤ Do not administer to pregnant patients.

Special Considerations

① Always monitor patients with chronic lung disease.

② Wheezing may be an initial sign of cardiogenic pulmonary edema, therefore, reassess breath sounds frequently. If rales present, treat by RESPIRATORY DISTRESS (Basilar Rales) **M11** protocol.

Field Treatment

1. Basic airway/spinal immobilization prn
2. Oxygen
3. Advanced airway prn
4. Cardiac monitor prn/document rhythm and attach EKG strip

Note: ①

5. Venous access prn
6. Blood glucose test
②
7. If active seizure, **diazepam up to 10mg** slow IVP titrated to control seizure activity.
↪ May repeat prn.
① ②
8. If blood glucose < 80, **dextrose 50% 50ml** slow IVP. If patient awake and alert, consider an oral glucose preparation.
③ ④
↪ May repeat one time.
9. If blood glucose < 80 and unable to establish venous access, **glucagon 1 mg** IM.
10. If altered LOC and strong suspicion of narcotic overdose, treat by OVERDOSE/POISONING (M9) protocol.

Drug Considerations

Valium™ (diazepam):

- ① Maximum adult dose: 20mg

Special Considerations

- ① If eclampsia suspected, DO NOT delay transport for treatment.
- ② Active seizure may include, tonic and/or clonic activity or focal seizure with an altered level of conscious.
- ③ If postical, venous access and blood glucose test shall be obtained.
- ④ If blood glucose <80mg/dl (chemstrip) or <60mg/dl (glucometer, if known diabetic <80).

Field Treatment

Note: ①

1. Basic airway/spinal immobilization prn
2. Oxygen
3. Advanced airway prn
4. Cardiac monitor/document rhythm and attach EKG strip
5. Venous access
6. Blood glucose test
7. If hypoglycemia, **dextrose 50% 50ml** slow IVP. If patient awake and alert, consider an oral glucose preparation.

①①

Δ May repeat one time.

8. If blood glucose < 80 and unable to establish venous access, **glucagon 1mg** IM.

②

Note: ②Fast-Mag Trial Study

Drug Considerations

Dextrose:



①Pediatrics:

- 0 - 2 years - - 2ml/kg of dextrose 25% IVP
- Over 2 years - - 1ml/kg of dextrose 50% IVP.
- See Color Code Drug Doses/L.A. County Kids
- If child >36kg, dextrose 50% 1cc/kg

Glucagon:



②Pediatrics: 1mg IM

See Color Code Drug Doses/L.A. County Kids

Special Considerations

- ①If blood glucose < 80mg/dl (chemstrip) or <60mg/dl (glucometer, if known diabetic <80)
Document time of symptom onset
- ②If patient meets inclusion criteria for the Fast-Mag Trial Study,
contact the Fast-Mag physician on-call for patient enrollment and
administration of Fast-Mag Trial Study agent

Field Treatment

Note: ①

1. Basic airway/spinal immobilization prn
2. Oxygen
3. Advanced airway prn
4. Cardiac monitor/document rhythm and attach EKG strip
5. Venous access prn
6. Blood glucose test prn
If hypoglycemia, **dextrose 50%** 50ml IVP; or, if patient awake and alert, an oral glucose preparation
① ①
➡ May repeat one time.
7. If blood glucose < 80 and unable to establish venous access, **glucagon 1mg** IM.
②

Drug Considerations

Dextrose:

- 🚑 ① Pediatrics:
- 0 –2 years -- 2ml/kg of dextrose 25% IVP
 - Over 2 years -- 1ml/kg of dextrose 50% IVP
 - See Color Code Drug Doses/L.A. County Kids
 - If child >40kg, dextrose 50% 1cc/kg

Glucagon:

- 🚑 ② Pediatrics: 1mg IM
See Color Code Drug Doses L.A. County Kids

Special Considerations

- ① If blood glucose <80mg/dl (chemstrip) or <60mg/dl (glucometer, if known diabetic <80)

Field Treatment

1. Basic airway
2. Oxygen
3. Advanced airway prn
4. Venous access prn

①

Note: ② ③ ④ ⑤ ⑥

<i>NORMAL DELIVERY</i>	<i>BREECH DELIVERY</i>	<i>PROLAPSED CORD</i>
<ol style="list-style-type: none">5. Assist delivery and see EMERGENCY CHILDBIRTH (Newborn) (P2)6. If maternal hypotension, BASE CONTACT.7. After placental delivery, massage uterine fundus	<ol style="list-style-type: none">5. Support presenting part and allow new-born to deliver6. If head does not deliver, attempt to provide airway7. If infant delivers, see <i>NORMAL DELIVERY</i>.8. If unable to deliver, BASE CONTACT	<ol style="list-style-type: none">5. Elevate hips6. Check cord for pulses7. If no cord pulse, manually displace presenting part off cord8. BASE CONTACT

Special Considerations



- ① At no time should venous access take precedence over controlled delivery or emergency transport
- ② For any abnormal presentation, multiple gestations (twins, etc.) or maternal hypotension, BASE CONTACT
- ③ Steps 1-4 of this protocol may be used for any stage of labor
- ④ If eclampsia suspected, DO NOT delay transport for treatment
- ⑤ If the amniotic sac is intact with presenting part showing, pinch and twist the membrane to rupture
- ⑥ Transport patient to a perinatal center with EDAP (if born in the field)

P1

**ACTIVE LABOR/EMERGENCY CHILDBIRTH
(Mother)**

Field Treatment

1. Assist delivery checking neck for cord.
2. Basic airway/suction mouth, then nostrils.
3. Clamp and cut cord.
4. Stimulate by vigorously drying newborn with towel.
5. Wrap in thermal blanket or dry towel and keep warm.
6. Oxygen/assist respirations with bag-valve-mask prn.

①④

<i>PULSE GREATER THAN 60</i>	<i>PULSE LESS THAN 60</i>
<ol style="list-style-type: none">7. Reassess respirations and pulses frequently.8. If pulse 60-100 and not rising, bag-valve-mask ventilation for 30 seconds. ①9. Check pulses.10. If pulse remains < 100, BASE CONTACT. ③	<ol style="list-style-type: none">7. Bag-valve-mask ventilation for 30 seconds. ①8. Check pulses.9. If pulse remains < 60 and NOT RISING, begin chest compressions at 120/minute. ②10. BASE CONTACT ③

Special Considerations



- ① If BVM used, squeeze-release-release technique.
- ② Maintain a 3:1 compression/ventilation ratio.
- ③ Patient should be transported to an EDAP with Neonatal capabilities.
- ④ If the amniotic sac is intact tear sac and remove fetus.

Field Treatment

1. Basic airway/spinal immobilization prn
2. Oxygen
3. Venous access prn
4. Blood glucose test in non-febrile seizure
5. Provide cooling measures prn
6. If active seizure with altered LOC, **diazepam up to 0.2mg/kg** slow IVP titrated to control seizure activity.
① ② ③ ④ ④
☞ May repeat prn
③
7. If blood glucose < 80, **dextrose** for appropriate age. If patient awake and alert, consider an oral glucose preparation.
② ① ⑤
☞ May repeat one time.
8. If blood glucose < 80 or known diabetic history and unable to establish venous access, **glucagon 1mg IM**.
① ⑥
9. If hypoventilation or strong suspicion of narcotic overdose exists, consider **naloxone 0.1mg/kg** IVP titrated to adequate respiratory rate and tidal volume
① ⑦
10. Cardiac monitor prn /document rhythm
11. Transport to EDAP or PMC
③



Drug Considerations

See Color Code Drug Doses/L.A. County Kids

①

Diazepam (Valium®):

- ② If venous access unobtainable, administer 0.5mg/kg rectally. May repeat 0.25mg/kg in 15 minutes one time
- ③ Monitor airway constantly after administration – to include continuous pulse oximetry
- ④ Maximum total pediatric dose: 10mg

Dextrose:

- ⑤ 0 – 2 years - - 2ml/kg of dextrose 25% slow IVP
Over 2 years - - 1ml/kg of dextrose 50% slow IVP
If child > 40kg, dextrose 50% 1cc/kg

Glucagon:

- ⑥ 1mg IM

Naloxone(Narcan®):

- ⑦ Alternate route: IM or 0.2mg/kg trach

Special Considerations

- ① Passive cooling measures: remove blankets; remove clothing
- ② If blood glucose <80mg/dl (chemstrip) or <60mg/dl (glucometer, if known diabetic <80)
- ③ Pediatric Patient Destination (Reference No. 510)
Patients 12 months or less are to be transported, regardless of chief complaint or mechanism of injury
PMCGuidelines:
Trauma Criteria and/or guidelines (Reference No. 506)
Cardiac dysrhythmia
Severe respiratory distress
Persistent altered mental status
Status epilepticus
ALTE
- ④ Active seizure may include, tonic and/or clonic activity or focal seizure with an altered level of conscious
- ⑤ Non febrile seizure patients should have a blood glucose test documented



Field Treatment

1. Basic airway/spinal immobilization prn
2. Oxygen prn ①
3. Advanced airway prn
4. Shock position

THERMAL	CHEMICAL	ELECTRICAL
<ol style="list-style-type: none"> 5. Remove jewelry and clothing. Cool burn area(s) to stop the burning process and cover with dry dressings/sheet. ③ 6. Venous access prn 7. If burn involves greater than 20% body surface area administer fluid challenge. ① ② 8. Elevate burned extremities if possible. 9. If pain, morphine 2-10mg slow IVP titrated to pain relief. ③ ④ ⑤ ⑥ ↪ May repeat prn. ⑦ 10. Reassess for potential deterioration. 	<ol style="list-style-type: none"> 5. Remove jewelry and clothing. 6. If dry, brush and flush with copious amount of water. If liquid, flush with copious amount of water. ② 7. Venous access prn 8. If poor perfusion, fluid challenge. ① ② 9. If pain, morphine 2-10mg slow IVP titrated to pain relief. ③ ④ ⑤ ⑥ ↪ May repeat prn. ⑦ 10. Reassess for potential deterioration. 	<ol style="list-style-type: none"> 5. Cardiac monitor/document rhythm. 6. If dysrhythmias, treat by PROCEDURES PRIOR TO BASE CONTACT (Ref. 806) followed by BASE CONTACT. 7. Cool burn area(s) and cover with dry dressings/sheet. 8. Venous access 9. If poor perfusion, fluid challenge. ① ② 10. If pain, morphine 2-10mg slow IVP titrated to pain relief. ③ ④ ⑤ ⑥ ↪ May repeat prn. ⑦ 11. Reassess for potential deterioration.

Drug Considerations

Normal saline - - fluid challenge:

- ① 10ml/kg rapid IV fluid bolus
- ② Pediatrics: 20ml/kg rapid IV fluid bolus. (See Color Code Drug Doses/L.A. County Kids)

Morphine:

- ③ Alternate route: 10mg IM. Do not repeat.
- ④ Use with caution if BP < 100 systolic or respiratory depression.
- ⑤ If altered LOC, use with caution.
- ⑥ Pediatrics: 0.1mg/kg slow IVP titrated to pain relief or IM. Do not repeat IVP or IM. (See Color Code Drug Doses L.A. County Kids)
- ⑦ Maximum adult dose: 20mg

Special Considerations

- ① High flow oxygen is essential with known or potential respiratory injury. Beware of possible smoke inhalation
- ② If eye involvement, continuous flushing with NS during transport. Allow patient to remove contact lenses if possible.
- ③ Observe for hypothermia.


Field Treatment

Note: ① ② ③

1. Basic airway/spinal immobilization prn/control bleeding
2. Oxygen prn
3. Venous access prn/blood glucose prn
4. Cardiac monitor prn/document rhythm
5. Splints/dressings prn
6. If ISOLATED EXTREMITY INJURY and analgesia required, **Morphine 2-10mg IVP** titrated to pain relief.
① ② ③ ④
☛ May repeat prn.
7. ⑤ Reassess for deterioration. If signs of poor perfusion, treat by MAJOR TRAUMA PROTOCOL T3

Drug Considerations

Morphine

- ① Alternate route: 10 mg IM. Do not repeat.
- ② Hold if BP < 100 systolic
- ③ Do not use if ALOC
- ④  Pediatrics: 0.1mg/kg slow IVP titrate to pain relief or IM. Do not repeat IV or IM.
(See Color Code Drug Doses/L.A. County Kids)
- ⑤ Maximum adult dose: 20mg

Special Considerations

- ① This protocol is for patients **NOT** meeting trauma criteria/guidelines and for patients who in the paramedics judgment are stable for transport to a non-trauma hospital. Consideration should be given to MOI/age/potential for deterioration/extent of injury.
- ② Do not delay transport for treatment.
- ③ Consider additional protocols for altered LOC with possible medical origin:
ALtered Level of Consciousness **M2**
OVERDOSE/POISONING (suspected) **M9**

Receiving Hospital Report

Provider Code/Unit #

"We have a Minor Trauma protocol patient@

Age/gender

Level of distress

Mechanism of injury

Location of injuries/Chief Complaint

Destination/ETA

T2

MINOR TRAUMA

Field Treatment

Note: ①

1. Basic airway/spinal immobilization prn/control bleeding
2. Oxygen
3. Advanced airway prn
 - ②
4. Hyperventilation for head trauma, if indicated
 - ③
5. Stabilize flail segment and seal sucking chest wounds prn
6. If tension pneumothorax suspected - needle thoracostomy
7. Venous access **en route**/blood glucose prn
 - ④
8. Cardiac monitor, document rhythm
9. Splints/dressings prn

PERFUSING	POOR PERFUSION
10. If isolated head trauma, consider reverse Trendelenburg position. 11. Maintain IV at TKO rate 12. If ISOLATED EXTREMITY INJURY and analgesia required, Morphine 2-10mg slow IVP, titrate to pain relief. ① ② ③ ④ May repeat prn ⑤	10. Shock position prn 11. Fluid challenge ⑥ ⑦ 12. If continued poor perfusion, fluid resuscitate ⑧ ⑨


Drug Considerations

Morphine

① Alternate route: 10 mg IM. Do not repeat.

② Hold if BP < 100 systolic


③ Do not use if ALOC

 ④ Pediatrics: 0.1mg/kg slow IVP titrate to pain relief or IM. Do not repeat IV or IM
 (See Color Code Drug Doses L.A. County Kids)

⑤ Maximum adult dose: 20mg


Normal Saline - fluid challenge

⑥ 10 ml/kg rapid IV bolus

 ⑦ Pediatrics: 20 ml/kg rapid IV bolus
 (See Color Code Drug Doses L.A. County Kids)

Normal Saline - fluid resuscitate

⑧ Wide open IV administration

 ⑨ Pediatrics: additional 20 ml/kg IV infusion
 (See Color Code Drug Doses L.A. County Kids)

Special Considerations

- ① This protocol is for patients meeting trauma criteria/guidelines and for patients who in the paramedics' judgment are **NOT** stable for transport to a non-trauma hospital. Consideration should be given to MOI/age/potential for deterioration/extent of injury.
- ② Do not delay transport for treatment.
- ③ Hyperventilation is only recommended for head trauma patients with rapid deterioration (e.g. posturing, unequal pupils, and/or GCS of 8 or less).
- ④ Consider additional protocols for altered LOC with possible medical origin:
ALtered Level of Consciousness **M2**
Drug Overdose/Poisoning (suspected) **M9**

Receiving Hospital Report

Provider Code/Unit #

"We have a Major Trauma protocol patient by _____ (criteria/guidelines/judgment)"

Sequence Number

Age/Gender of the patient

Mechanism of Injury

Level of Distress

Body Part/Region Affected/Chief Complaint

Complete Vital Signs/GCS

Airway Adjuncts being Utilized

Pertinent Information (flail segment, rigid abdomen, evisceration, etc.)

Destination/ETA

Field Treatment

1. Basic airway/spinal immobilization prn/control major bleeding

③

2. CPR/oxygen

3. Cardiac monitor/document rhythm

①

4. Advanced airway

Note: ②

5. If chest trauma and difficult ventilation and/or diminished breath sounds, perform bilateral needle thoracostomies.

6. Venous access en route

7. **Fluid resuscitate**

① ②

Drug Considerations

Normal saline - - fluid resuscitate:

- ① Wide open IV administration, preferably 2 sites

- ✱ ② Pediatrics: 20ml/kg rapid infusion

Special Considerations

- ① If initial rhythm is V-Fib/Pulseless V-Tach, use manufactures guidelines for defibrillation. If unsure of energy level, use 200WS for biphasic or 360WS for monophasic. Five cycles of CPR (two minutes) needs to be completed prior to pulse check and additional defibrillations.

- ✱ Pediatrics: 2, 4, 4 WS/kg. Provide two minutes of CPR between defibrillations.
(See Color Code Drug Doses L.A. County Kids)

- ② DO NOT delay transport for treatment

- ③ If unable to maintain basic airway, proceed to advanced airway

LOS ANGELES COUNTY EMS AGENCY
MEDICAL CONTROL GUIDELINES

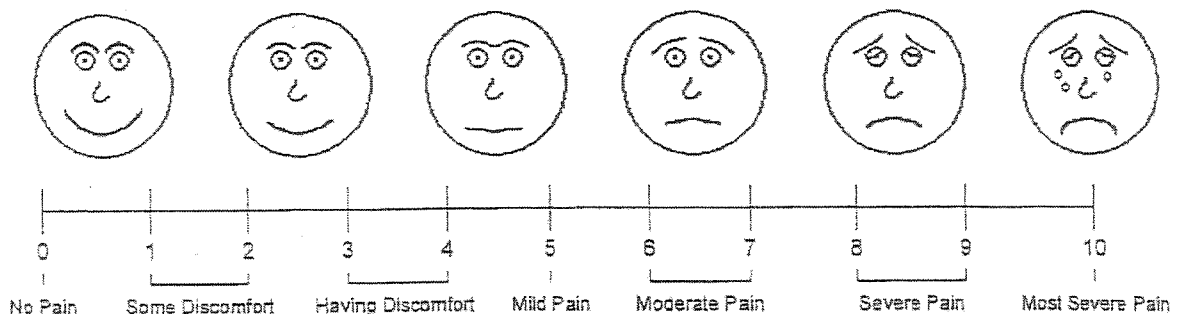
ASSESSMENT

PRINCIPLE:

1. All patients with any complaint of pain shall have an appropriate assessment and pain management.
2. An accurate and thorough assessment of pain requires that an initial assessment and ongoing assessment be performed and documented.
3. Measurement of a patient's pain is subjective; therefore, the patient is the best determinant of the presence and severity of their pain.
4. Recording a level of pain using a pain scale is the community standard of care and provides health care providers with a baseline against which to compare subsequent evaluations of the patient's pain.
5. The pain scales utilized in Los Angeles County are the numeric pain intensity scale and the "facial expression" pain scale.

GUIDELINE:

1. The initial assessment of pain shall include the following:
 - Onset
 - Provoked
 - Quality
 - Region/Location
 - Scale/Intensity
 - Time/Duration
2. Assess and document the numeric pain intensity scale of 0-10.
(0 = no pain 10 = most severe pain)
3. If unable to use the "numeric pain intensity" scale, use the "facial expression" pain scale.



4. Reassessment of the patient's pain shall be performed frequently and following any treatment and/or pain management. Document the pain scale/intensity in the "medication" section "result" box.

DYSRHYTHMIAS/CARDIAC ARREST

Cardiac arrest protocol approved for use by:

Burbank Fire Department

Culver City Fire Department

Long Beach Fire Department

Field Treatment

1. Basic airway
2. CPR – If arrest not witnessed by EMS, give two minutes of CPR
3. Cardiac monitor/document rhythm and attach EKG strip
4. If asystole, confirm in more than one lead
If questionable fine V-Fib, treat by V-Fib/Pulseless V-Tach

ASYSTOLE/PEA	V-FIB/PULSELESS V-TACH
5. Consider defibrillation if possible fine V-Fib If confirmed PEA see ① ② 6. Advance airway/establish IV ④ 7. Epinephrine 1mg IVP/IO/ET ① ⇒ May repeat every 3 – 5 minutes 8. Give two minutes of CPR 9. If bradycardia, Atropine 1mg IVP/IO/ET ② ⇒ May repeat every 3 – 5 minutes 10. Give two minutes of CPR 11. If narrow complex, clear lungs and HR>60: NS bolus 250ml 12. If down time >20 minutes: Sodium Bicarbonate 1mEq/Kg IVP ⑤ 13. If resuscitative efforts are unsuccessful, consider base contact for pronouncement	5. Defibrillation (biphasic typically 120 – 200 WS, monophasic 360 WS) ③ 6. Give two minutes of CPR 7. Check rhythm – defibrillation if indicated (biphasic WS or monophasic @ 360 WS) 8. Advance airway/establish an IV ④ 9. Epinephrine 1mg IV/IO/ET ① 10. Give two minutes of CPR 11. Check rhythm – defibrillation if indicated 12. Resume CPR immediately after defibrillation 13. Amiodarone 300mg IV/IO ③④ 14. Give two minutes of CPR 15. Check rhythm – defibrillation if indicated 16. Epinephrine 1mg IV/IO/ET ① 17. Give two minutes of CPR 18. Check rhythm – defibrillation if indicated 19. Amiodarone 150mg IV/IO ③④ 20. Give 2 minutes of CPR 20. Check rhythm – defibrillation if indicated 21. If resuscitative efforts are unsuccessful, consider base contact for pronouncement

CA

ADULT NON – TRAUMATIC CARDIAC ARREST PROTOCOL

Drug Considerations

Epinephrine:

- ① May repeat every 3 – 5 minutes. ET dose is double the IV/IO dose

Atropine:

- ② Maximum dose: 3mg. ET dose is double the IV/IO dose

Amiodarone:

- ③ Maximum adult dose of 450mg
- ④ Give IV/IO

Sodium Bicarbonate:

- ⑤ May repeat 0.5mEq/Kg every 10 – 15 minutes.

Special Considerations

- ① Consider causes of PEA:

Hypovolemia, hypoxia, cardiac tamponade, tension pneumothorax, hypothermia, pulmonary embolism, overdose (tricyclics, beta blockers, calcium channel blockers, digitalis), hyperkalemia, massive MI, acidosis

- ② Drugs to consider for specific history:

Hypoglycemia – **D50W** (dextrose)

Narcotic overdose – **Narcan®** (naloxone) IVP

Dialysis patient – **Calcium Chloride** and **Sodium Bicarbonate** (Base contact required)

Tricyclic overdose – **Sodium Bicarbonate** (Base contact required)

Calcium channel blocker overdose – **Calcium Chloride** (Base contact required)

- ③ Biphasic defibrillator settings may vary, refer to manufacturer guidelines. If unknown, use 200 WS for biphasic, 360 WS for monophasic
- ④ Attempt to limit interruptions in CPR to no greater than 10 sec. with advanced airway and/or IV attempts

**RECOMMENDED GUIDELINES FOR DISCIPLINARY
ORDERS AND CONDITIONS OF PROBATION**

Effective July 10, 2002



EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

TABLE of CONTENTS

<u>Section No. and Subject</u>	<u>Page</u>
I. Foreword	1
II. Disciplinary Consideration Factors	1
III. Violations and Recommended Disciplinary Actions	2
Fraud in the Procurement of Any License or Certificate	2
Gross Negligence	2
Repeated Negligent Acts	3
Incompetence	3
Commission of Any Fraudulent, Dishonest, or Corrupt Act	3
Conviction of Any Crime	4
Violating, Attempting to Violate, or Abetting Violation of this Statute	4
Violating, Attempting to Violate, or Abetting Violation of Statutes Regulating Narcotics, Dangerous Drugs or Controlled Substances	4
Addiction to, Excessive Use of, or Misuse of Alcoholic Beverages, Narcotics, Dangerous Drugs, or Controlled Substances	4
Functioning Outside the Supervision of Medical Control	5
Irrational Behavior or Physical/Mental Disability which Impairs the Paramedic's Abilities	5
Unprofessional Conduct	5
IV. Detoxification/Diversion Program Criteria	6
V. Mitigating Evidence	7

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

VI. Language for Model Disciplinary Orders	8
Standard Revocation Orders	8
Standard Stay Order	9
Standard Suspension Orders	9
Conditions of Probation	9
Standard Conditions	
#1- Probation Compliance	9
#2- Personal Appearances	9
#3- Quarterly Report Requirements	9
#4- Pre-employment Notification	10
#5- Notification of Termination	10
#6- Functioning as a Paramedic	10
#7- Obey All Related Laws	10
#8- Completion of Probation	11
#9- Violation of Probation	11
Optional Conditions	
#1- Abstinence from Drug Possession and Use	11
#2- Abstinence from the Use of Alcoholic Beverages	12
#3- Biological Fluid Testing	12
#4- Drug/Detoxification/Diversion Program	13
#5- Educational Course Work	13
#6- Ethical Practice of EMS	14
#7- Stress/Anger Management	13
#8- Practical Skills Examination	14
#9- Oral Skills Examination	14
#10- Psychiatric/Medical Evaluation	15
#11- Performance Improvement Plan	15
VII. Review Board	16

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

Section I: FOREWORD

The following Model Disciplinary Orders have been developed by the Emergency Medical Services Authority (EMSA) in consultation with EMS (Emergency Medical Services) constituent groups from across the state. The purpose of the Model Disciplinary Orders is to provide a consistent and equitable discipline in cases dealing with violations of the Health and Safety Code, Division 2.5, Section 1798.200. The EMSA shall use this document as a standard in settling disciplinary matters when a respondent wishes to resolve the allegations through a negotiated settlement. However, the settlement may be on any terms the parties determine are appropriate pursuant to Section 11415.60 of the California Administrative Procedure Act.

Should the respondent invoke his/her privilege to contest the allegations through the Administrative Procedure Act, the administrative law judge shall use this document as a guide in making his/her recommendations for discipline (if needed) to the EMSA. The recommended discipline should be imposed in the absence of any aggravating or mitigating evidence. The administrative law judge may propose any discipline between the minimum discipline and maximum discipline for a particular violation. When the administrative law judge recommends discipline that is less than the minimum or which exceeds the maximum, a full explanation shall be included as to the nature of the act that warrants unusual consideration. The director of the EMSA has the final determination as to the discipline to be imposed.

The respondent shall be allowed representation of his/her choice through all processes of the investigation, filing of an accusation, negotiation of a settlement, and during an administrative hearing. Any such representation shall be at the respondent's expense.

Section II: DISCIPLINARY CONSIDERATION FACTORS

The following factors may be considered for determination of the discipline to be imposed on the respondent. Specifically, whether the discipline warranted is probation, suspension, or revocation. In determining an appropriate suspension period, the EMSA or an administrative law judge may give credit for a suspension term imposed by the respondent's employer.

1. Nature and severity of the act(s), offense(s), or crime(s) under consideration;
2. Actual or potential harm to the public;
3. Actual or potential harm to any patient;
4. Prior disciplinary record;
5. Prior warnings on record or prior remediation;

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

6. Number and/or variety of current violations;
7. Aggravating evidence;
8. Mitigating evidence;
9. Rehabilitation evidence;
10. In case of a criminal conviction, compliance with terms of the sentence and/or court-ordered probation;
11. Overall criminal record;
12. Time that has elapsed since the act(s) or offense(s) occurred;
13. If applicable, evidence of expungement proceedings pursuant to Penal Code 1203.4.

Section III: VIOLATIONS and RECOMMENDED DISCIPLINARY ACTIONS

Health & Safety Code Section 1798.200 specifies the offenses for which the EMSA may take disciplinary action against a paramedic. When filing an accusation, the Office of the Attorney General may also cite additional related statutes and regulations.

When used below, the numbers following the "Minimum Conditions of Probation" refer to the Optional Conditions of Probation in Section VI. These conditions may vary according to the nature and circumstances of the offense.

1. **Fraud in the procurement of any certificate or license under this division.**
 - Maximum Discipline: Revocation or denial.
 - Recommended Discipline: Revocation or denial.
 - Minimum Discipline: Revocation stayed, 60 day suspension/denial.
2. **Gross negligence** - An extreme departure from the standard of care which, under similar circumstances would have ordinarily been exercised by a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties if confronted with a similar circumstance.
 - Maximum Discipline: Revocation
 - Recommended Discipline: Revocation stayed, 60 day suspension, three years probation with terms and conditions.
 - Minimum Discipline: Revocation stayed, 3 years probation with terms and conditions.
 - Minimum Conditions of Probation: All Standard Conditions and Optional Conditions: 5, 8, 9 and 11.

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

3. **Repeated negligent acts** - A repeated failure to use such care as a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance.
 - Maximum Discipline: Revocation
 - Recommended Discipline: Revocation stayed, 30 day suspension, 3 years probation with terms and conditions.
 - Minimum Discipline: Revocation stayed, 1 year probation with terms and conditions.
 - Minimum Conditions of Probation: All Standard Conditions and Optional Conditions: 5, 8, 9 and 11.
4. **Incompetence** - The lack of possession of that degree of knowledge, skill, and ability ordinarily possessed and exercised by a licensed and accredited paramedic.
 - Maximum Discipline: Revocation
 - Recommended Discipline: Revocation stayed, 30 day suspension, 3 years probation with terms and conditions.
 - Minimum Discipline: Revocation stayed, 1 year probation with terms and conditions.
 - Minimum Conditions of Probation: All Standard Conditions and Optional Conditions: 5, 8, 9 and 11.
5. **The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.**
 - Maximum Discipline: Revocation.
 - Recommended Discipline: Revocation stayed, 60 day suspension, 3 years probation with terms and conditions.
 - Minimum Discipline: Revocation stayed, 3 years probation with terms and conditions.
 - Minimum Conditions of Probation: All Standard Conditions and Optional Condition: 6
6. **Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of such conviction.**

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

- Maximum Discipline: Revocation.
 - Recommended Discipline: Variable depending on the nature of the crime with terms and conditions.
 - Minimum Discipline: Revocation stayed, 1 year probation with terms and conditions.
 - Minimum Conditions of Probation: All Standard Conditions.
7. **Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.**
- Maximum Discipline: Revocation
 - Recommended Discipline: Revocation stayed, 60 day suspension, 3 years probation with terms and conditions.
 - Minimum Discipline: Revocation stayed, 3 years probation with terms and conditions.
 - Minimum Conditions of Probation: All Standard Conditions and Optional Condition: 6.
8. **Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.**
- Maximum Discipline: Revocation
 - Recommended Discipline: Revocation stayed, 60 day suspension, 3 years probation with terms and conditions.
 - Minimum Discipline: Revocation stayed, 3 years probation with terms and conditions.
 - Minimum Conditions of Probation: All Standard Conditions and Optional Conditions: 1, 2, 3, 4, and 10.
9. **Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.**
- Maximum Discipline: Revocation
 - Recommended Discipline: Revocation stayed, suspension until successful completion of drug/alcohol detoxification diversion program, 3 years probation with terms and conditions.
 - Minimum Discipline: Revocation stayed, 3 years probation with terms and conditions.
 - Minimum Conditions of Probation: All Standard Conditions and Optional Conditions: 1, 2, 3, 4, and 10.

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

10. **Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.**
 - Maximum Discipline: Revocation
 - Recommended Discipline: Revocation stayed, 15 day suspension, 1 year probation with terms and conditions.
 - Minimum Discipline: Revocation stayed, 1 year probation with terms and conditions.
 - Minimum Conditions of Probation: All Standard Conditions and Optional Conditions: 5 and 8.
11. **Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.**
 - Maximum Discipline: Revocation
 - Recommended Discipline: Revocation stayed, suspension until resolution of the physical or mental disability.
 - Minimum Discipline: Revocation stayed, 1 year probation with terms and conditions.
 - Minimum Conditions of Probation: All Standard Conditions and Optional Conditions: 8, 9, and 10.
12. **Unprofessional Conduct-**
 - (A) **The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT-I, EMT-II, or EMT-P from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT-I, EMT-II, or EMT-P, from using that force that is reasonably necessary to effect a lawful arrest or detention.**
 - Maximum Discipline: Revocation/Denial
 - Recommended Discipline: Revocation stayed, 60 day suspension, 3 years probation with terms and conditions.
 - Minimum Discipline: Revocation stayed, 3 years probation with terms and conditions.
 - Minimum Conditions of Probation: All Standard Conditions and Optional

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

Conditions: 7 and 10.

(B) The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Sections 56 and 56.6, inclusive of the Civil Code.

- Maximum Discipline: Revocation/Denial
- Recommended Discipline: Revocation stayed, 30 day suspension, 1 year probation with terms and conditions.
- Minimum Discipline: Revocation stayed, 1 year probation with terms and conditions.
- Minimum Conditions of Probation: All Standard Conditions and Optional Conditions: 6 and 9.

(C) The commission of any sexually related offense specified under Section 290 of the Penal Code.

- Maximum Discipline: Revocation/ Denial
- Recommended Discipline: Revocation/Denial
- Minimum Discipline: Revocation/Denial

Section IV: DETOXIFICATION/DIVERSION PROGRAM CRITERIA

The criteria to be considered in determining rehabilitation for alcohol/drug abuse offenses include, but are not limited to:

- Successful completion of a drug/alcohol treatment program (a minimum of 6 months duration). The treatment program may be a combined in-patient/out-patient and aftercare program. The program shall include at least the following elements:
 1. Chemical-free treatment philosophy;
 2. Individual and/or group counseling;
 3. Random, documented biological fluid testing;
 4. Participation in support groups;
 5. Education about addictive disease;
 6. Adherence to a 12-step recovery program philosophy or equivalent;
 7. Written documentation of participation in a 12-step recovery group or equivalent.
- Employment with a pre-hospital care provider, for a minimum of six (6) months, with documentation from the employer that the employer was aware of the previous drug

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

or alcohol abuse problems. The documentation must substantiate that while employed, there was no evidence of continued alcohol or drug use and that the respondent performed paramedic functions in a safe and competent manner.

- If the respondent is seeking reinstatement of his/her license, employment for a minimum of six (6) months with documentation from the employer that while employed, there was no evidence of alcohol or drug use.
- A minimum of one (1) year must have elapsed between the time of the second offense and the effective date of the prior order.

Section V: MITIGATING EVIDENCE

The respondent is permitted to present mitigating circumstances at a hearing. The same opportunity is provided in the settlement process.

The following documents are examples of appropriate evidence the respondent may submit to demonstrate his/her rehabilitative efforts and competency:

- A. Dated written statements from persons in positions of authority who have on-the-job knowledge of the respondent's current paramedic competence. Each statement should include the period of time and capacity in which the person worked with the respondent and should contain the following sentence at the end: **"I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct to the best of my knowledge."** The statement should be signed and dated by the person making the statement;
- B. Dated letters from counselors regarding the respondent's participation in a rehabilitation or recovery program, where appropriate. The letters should include a description of the program, the number of sessions that the respondent has attended, the counselor's diagnosis of the respondent's condition, the respondent's prognosis for recovery, the respondent's current state of rehabilitation (or improvement), the counselor's basis for determining improvement, and the credentials of the counselor;
- C. Dated letters describing the respondent's participation in support groups;
- D. Dated laboratory analyses or drug screen reports, where appropriate;

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

- E. Dated performance evaluation(s) from the respondent's employer;
- F. Dated physical examination or assessment report by a licensed physician;
- G. Certificates or transcripts of courses related to paramedic duties that the respondent might have completed since the date of the violation. A paramedic whose license has been revoked does not possess a paramedic license. Therefore, the individual cannot use his/her former license number to obtain continuing education credit/hours or for any other purpose. However, he or she may take continuing education courses so long as a paramedic license is not used.

Section VI: LANGUAGE FOR MODEL DISCIPLINARY ORDERS

Standard Revocation Orders

Revocation - Single Cause:

License Number _____ issued to the respondent, _____, is revoked.

Revocation - Multiple Causes:

License Number _____ issued to the respondent, _____, is revoked pursuant to Determination of Issues: _____, jointly and separately.

Standard Stay Order

Standard Stay Order:

However, such revocation is stayed and the respondent is placed on probation for _____ year(s) upon the following terms and conditions:

(List of terms and conditions.)

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

Standard Suspension Orders

Suspension - Single Cause:

License Number _____ issued to the respondent, _____,
is suspended for _____.

Suspension - Multiple Causes: (Concurrent)

License Number _____ issued to the respondent, _____,
is suspended for _____ pursuant to determination of issues: _____,
jointly and separately. All suspensions shall run concurrently.

Suspension - Multiple Causes: (Consecutive)

License Number _____ issued to the respondent, _____,
is suspended for _____ pursuant to determination of issues: _____,
jointly and separately. All suspensions shall run consecutively.

Standard Conditions of Probation

1. Probation Compliance:

The respondent shall fully comply with all terms and conditions of the probationary order. The respondent shall fully cooperate with the EMSA in its monitoring, investigation, and evaluation of the respondent's compliance with the terms and conditions of his/her probationary order.

The respondent shall immediately execute and submit to the EMSA all Release of Information forms that the EMSA may require of the respondent.

2. Personal Appearances:

As directed by the EMSA, the respondent shall appear in person for interviews, meetings, and/or evaluations of the respondent's compliance with the terms and conditions of the probationary order. The respondent shall be responsible for all of his/her costs associated with this requirement.

3. Quarterly Report Requirements:

During the probationary period, the respondent shall submit quarterly reports covering each calendar quarter which shall certify, under penalty of perjury, and document compliance by the respondent with all the terms and conditions of his/her probation. If the respondent submits his/her quarterly reports by mail, it shall be sent as Certified Mail.

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

4. Employment Notification:

During the probationary period, the respondent shall notify the EMSA in writing of any EMS employment. The respondent shall inform the EMSA in writing of the name and address of any prospective EMS employer prior to accepting employment.

Additionally, the respondent shall submit proof in writing to the EMSA of disclosure, by the respondent, to the current and any prospective EMS employer of the reasons for and terms and conditions of the respondent's probation.

The respondent authorizes any EMS employer to submit performance evaluations and other reports which the EMSA may request that relate to the qualifications, functions, and duties of prehospital personnel.

Any and all notifications to the EMSA shall be by certified mail.

5. Notification of Termination:

The respondent shall notify the EMSA within seventy-two (72) hours after termination, for any reason, with his/her prehospital medical care employer. The respondent must provide a full, detailed written explanation of the reasons for and circumstances of his/her termination.

Any and all notifications to the EMSA shall be by certified mail.

6. Functioning as a Paramedic:

The period of probation shall not run anytime that the respondent is not practicing as a paramedic within the jurisdiction of California.

If the respondent, during his/her probationary period, leaves the jurisdiction of California to practice as a paramedic, the respondent must immediately notify the EMSA, in writing, of the date of such departure and the date of return to California, if the respondent returns.

Any and all notifications to the EMSA shall be by certified mail.

7. Obey All Related Laws:

The respondent shall obey all federal, state and local laws, statutes, regulations, written policies, protocols and rules governing the practice of medical care as a

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

paramedic. The respondent shall not engage in any conduct that is grounds for disciplinary action pursuant to Section 1798.200. To permit monitoring of compliance with this term, if the respondent has not submitted fingerprints to the EMSA in the past as a condition of licensure, then the respondent shall submit his/her fingerprints by Live Scan or by fingerprint cards and pay the appropriate fees within 45 days of the effective date of this decision.

Within 72 hours of being arrested, cited or criminally charged for any offense, the respondent shall submit to the EMSA a full and detailed account of the circumstances thereof. The EMSA shall determine the applicability of the offense(s) as to whether the respondent violated any federal, state and local laws, statutes, regulations, written policies, protocols and rules governing the practice of medical care as a paramedic.

Any and all notifications to the EMSA shall be by certified mail.

8. Completion of Probation:

The respondent's license shall be fully restored upon successful completion of probation.

9. Violation of Probation:

If during the period of probation the respondent fails to comply with any term of probation, the EMSA may initiate action to terminate probation and implement actual license suspension/revocation. Upon the initiation of such an action, or the giving of a notice to the respondent of the intent to initiate such an action, the period of probation shall remain in effect until such time as a decision on the matter has been adopted by the EMSA. An action to terminate probation and implement actual license suspension/revocation shall be initiated and conducted pursuant to the hearing provisions of the California Administrative Procedure Act.

The issues to be resolved at the hearing shall be limited to whether the respondent has violated any term of his/her probation sufficient to warrant termination of probation and implementation of actual suspension/revocation. At the hearing, the respondent and the EMSA shall be bound by the admissions contained in the terms of probation and neither party shall have a right to litigate the validity or invalidity of such admissions.

Optional Conditions of Probation

1. Abstinence from Drug Possession and Use:

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

The respondent shall abstain from the possession, injection or consumption by any route of all controlled substances, dangerous drugs, or any drugs requiring a prescription unless prescribed under federal or state law as part of a documented medical treatment. Within fourteen days of obtaining such a prescription, respondent shall ensure that the prescribing professional provides the EMSA a written report identifying the medication, dosage, the date the medication was prescribed, the respondent's diagnosis, and the date the medication will no longer be required. This report must be provided to the EMSA directly by the prescribing professional.

If the respondent has a lawful prescription when initially placed on probation, this same report must be provided within fourteen days of the commencement of probation.

Any and all notifications to the EMSA shall be by certified mail.

2. Abstinance from the Use of Alcoholic Beverages:

The respondent shall abstain from the use of alcoholic beverages.

3. Biological Fluid Testing:

The respondent shall submit to routine and random biological fluid testing or drug/alcohol screening as directed by the EMSA or its designee. Respondent may use a lab pre-approved by the EMSA or may provide to the EMSA the name and location of an independent laboratory or licensed drug/alcohol testing facility for approval by the EMSA. The EMSA shall have sole discretion for lab approval based on criteria regulating professional laboratories and drug/alcohol testing facilities. When the EMSA requests a random test, the respondent shall provide the required blood/urine sample by the time specified, or within 12 hours of the request if no time is specified. When the EMSA requests a random test, the respondent shall ensure that any positive test results are conveyed telephonically by the lab to the EMSA within 48 hours, and all written positive or negative results are provided directly by the lab to the EMSA within 10 days. The respondent shall be responsible for all costs associated with the drug/alcohol screening.

At the EMSA's sole discretion, the EMSA may allow the random drug testing to be conducted by the respondent's employer to meet the requirement of random drug testing as set forth above. The results of the employer's random drug testing shall be made available to the EMSA in the time frames described above.

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

4. Drug/Detoxification/Diversion Program:

Within ___ days of the effective date of this decision, the respondent shall enroll and participate in a drug/detoxification/diversion program approved by the EMSA. The respondent shall participate in the program until appropriate medical supervision determines that further treatment and rehabilitation is no longer necessary.

If the respondent voluntarily withdraws from the drug/detoxification/diversion program or the respondent is expelled from the program, such withdrawal or expulsion shall constitute a violation of probation by the respondent. The respondent shall be responsible for all costs associated with such drug/detoxification/diversion program.

5. Educational Course Work:

Within ___ days of the effective date of this decision, the respondent shall submit to the EMSA proof of completion of _____ hours of education in areas substantially related to the offense as stated in the accusation and to the satisfaction of the EMSA.

Any educational program may include community service to reinforce the learning objectives of the educational program.

All courses must be approved by the EMSA. Within thirty-five days after completing the course work, the respondent shall submit evidence of competency in the required education. Submittal of a certificate or letter from the instructor attesting to the respondent's competency shall suffice.

Any and all notifications to the EMSA shall be by certified mail.

6. Ethical Practice of EMS:

Within ___ days of the effective date of this decision, the respondent shall submit to the EMSA, for its prior approval, a course in Ethics. The respondent must complete this course during his/her probation period.

Upon completion by the respondent of the Ethics course, the respondent shall submit proof to the EMSA that he/she fulfilled all course requirements.

Any and all notifications to the EMSA shall be by certified mail.

7. Stress/Anger Management:

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

Within ____ days of the effective date of this decision, the respondent shall enroll and participate in a local, court approved, stress/anger management program, which the respondent shall complete during his/her probation. Upon completion of the approved program, the respondent shall submit proof to the EMSA that he/she has fulfilled all course requirements.

Any and all notifications to the EMSA shall be by certified mail.

8. Practical Skills Examination:

Within ____ days of the effective date of this decision, the respondent shall submit to and pass a skills examination in subjects substantially related to the accusation based upon the U. S. Department of Transportation (DOT) and/or the National Registry of Emergency Medical Technicians (NREMT) skills examination, when applicable. If not addressed in the DOT or NREMT, an approved local standard shall be identified and utilized. The skills examination shall be administered by a board selected by the EMSA using the pre-established criteria (See Section VII: Review Board for criteria).

If the respondent fails the examination, the respondent may function as a paramedic only while under the direct supervision of a preceptor. The respondent shall not be allowed to function as a sole paramedic until the respondent passes the examination. The respondent has the option and right to repeat the examination. There shall be at least a two-week period between examinations. No more than three attempts to pass the examination shall be allowed. If the respondent fails to pass the exam after three attempts, or chooses not to retake the examination, the respondent's license shall be revoked.

9. Oral Skills Examination:

Within ____ days of the effective date of this decision, the respondent shall submit to and pass an oral exam in subjects substantially related to the accusation. The oral exam shall be administered by an examination board selected by the EMSA using pre-established criteria (See Section VII: Review Board for criteria).

If the respondent fails the examination, the respondent may function as a paramedic only while under the direct supervision of a preceptor. The respondent shall not be allowed to function as a sole paramedic until the respondent passes the examination. The respondent has the option and right to repeat the examination. There shall be at least a two-week period between

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

examinations. No more than three attempts to pass the examination shall be allowed. If the respondent fails to pass the exam after three attempts, or chooses not to retake the examination, the respondent's license shall be revoked.

10. Psychiatric/Medical Evaluation:

Within ____ days of the effective date of this decision, and on a periodic basis as specified by a psychiatrist certified by the American Board of Psychiatry and Neurology, the respondent shall submit to a psychiatric evaluation. The psychiatrist must be approved by the EMSA prior to the evaluation. The respondent shall be responsible for all costs associated with the evaluation.

Within ____ days of the effective date of this decision, and on a periodic basis as specified by a licensed physician, the respondent shall submit to a medical evaluation. The physician must be approved by the EMSA prior to the evaluation. The respondent shall be responsible for all costs associated with the evaluation.

The EMSA shall have the sole discretion to determine if the respondent may continue to practice as a paramedic until such time that the psychiatrist or physician evaluates and determines that the respondent is mentally and/or physically fit to practice safely as a paramedic.

11. Performance Improvement Plan:

The respondent shall function as a practicing paramedic while on probation, except during the time when the respondent's license is suspended by a term or condition of the disciplinary order.

The respondent shall submit to the EMSA periodic Performance Improvement Plan reports compiled by his/her employer, local EMS agency, or approved education provider. These reports shall document improvement as desired in the plan in order to satisfy this condition. The Performance Improvement Plan shall be developed by the EMSA in conjunction with the respondent's employer(s), and with input from the local EMS agency(ies). Performance Improvement Plan reports shall be submitted to the EMSA every ____ days for a period of ____.

A Performance Improvement Plan may include, but not be limited to, education and/or evaluation of the respondent in areas substantially related to the accusation as follows:

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

1. Remedial training by a preceptor in a field or clinical setting.
2. Remedial training with performance demonstration by the respondent.
3. Policy review by the respondent.
4. Participation by the respondent in Quality Assurance/Quality Improvement review audits.

Any and all notifications to the EMSA shall be by certified mail.

Section VII: REVIEW BOARD

The EMSA shall convene a Review Board to meet the requirements of Optional Conditions 9 and 10 of the Conditions of Probation. The board would be responsible for testing the respondent per the terms and conditions of probation. The board shall submit to the EMSA its recommendation as to whether the respondent has successfully completed the exam.

Each board shall consist of an EMS physician, a paramedic, and an EMS educator. All board members must be currently active in California in an EMS clinical or administrative capacity.

Any individual that meets the minimum criteria to serve on the board may apply to the EMSA for a position on the board. The EMSA shall review the applications for eligibility and establish a list of qualified individuals.

When it is necessary to convene a board, the EMSA shall select individuals from the list to serve on the board. The EMSA shall make reasonable attempts to convene a regional board based upon the location of the respondent. Each board member shall be required to sign a document advising that he/she does not have a conflict with the respondent (i.e. personal friend, employer, EMS oversight, etc.).

The term for any board member shall be two years. At the conclusion of the term, a board member may reapply.

EMERGENCY MEDICAL SERVICES AUTHORITY
RECOMMENDED GUIDELINES FOR DISCIPLINARY ORDERS
AND CONDITIONS OF PROBATION

Board Member Qualifications

Physician

- Must be certified by the California Medical Board.
- Must have five or more years of experience in EMS.
- Must not have had any discipline brought against him/her by the Medical Board of California.
- Must not have any criminal convictions.

Paramedic

- Must be currently licensed by the EMSA without any restrictions.
- Must not have been disciplined by the EMSA for violations of the Health and Safety Code, Division 2.5, Section 1798.200.
- Must qualify as a field preceptor as that term is defined by EMSA regulation (Section 100149(e)(1)-(4), Chapter 4, Division 9, Title 22, California Code of Regulations).
- Must not have any criminal convictions.

Educator

- Must qualify as a course director or principal instructor for a Paramedic Training Program as that term is defined in California Code of Regulations, Title 22, Division 9, Chapter 4, Section 100149.
- Must have five or more years of experience in EMS with at least two years as an EMS educator in a primary paramedic training program.
- Must not have been disciplined by their Professional Licensing/Certification Board.
- Must not have any criminal convictions.

EMS REPORT

EXHIBIT III

INCIDENT INFORMATION	Date: / /		Inc #		Jur Sta		PD Unit #		1st on Scene		<input type="checkbox"/> No Pt <input type="checkbox"/> IFT <input type="checkbox"/> DOA <input type="checkbox"/> Pg 2 <input type="checkbox"/> Spec IFT																	
	Inc Loc: Street Number Street Name Type Apt # City Code Census Tract																											
	Prov		ALS/BLS		Unit		Disp		Arrival		At Pt		Left		At Fac		Avail		Team Member ID									
																			#1 #2 #3 #4 #5 #6 #7 #8									
TRANS	Contact		Protocol		Protocol		Rec Fac		VIA		Trans To		Reason															
									<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Heli <input type="checkbox"/> Pvt Veh <input type="checkbox"/> Police <input type="checkbox"/> Other		<input type="checkbox"/> MAR <input type="checkbox"/> PeriNat <input type="checkbox"/> No SC Req'd <input type="checkbox"/> SC Guide <input type="checkbox"/> Request <input type="checkbox"/> EDAP <input type="checkbox"/> Other <input type="checkbox"/> No SC Access <input type="checkbox"/> EXTremis <input type="checkbox"/> Health Plan		<input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> Criteria <input type="checkbox"/> Guideline <input type="checkbox"/> Judgement															
	<input type="checkbox"/> AMA <input type="checkbox"/> Code 3		Divert From: _____																									
P T I N F O	Name/Last				First				MI		DOB		Phone															
	Address								City		Zip		Total Mileage															
	Medi-Cal				Issue Date		Hospital ID		PMD Name		SS #																	
	Medicare #				Issue Date		Insurance Co		Account #																			
COMMENTS																												
MEDICAL COMPLAINTS	<input type="checkbox"/> Abd/pelvic Pain <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Foreign Body <input type="checkbox"/> Neck/Back Pain <input type="checkbox"/> Respiratory Arrest <input type="checkbox"/> No Medical Complaint <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Chest pain <input type="checkbox"/> GI Bleed <input type="checkbox"/> Nosebleed <input type="checkbox"/> Seizure <input type="checkbox"/> A.L.T.E <input type="checkbox"/> Choking/Airway Obst <input type="checkbox"/> Head pain <input type="checkbox"/> OBstetrics <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Inpatient Medical <input type="checkbox"/> Altered LOC <input type="checkbox"/> Cough/congestion <input type="checkbox"/> Local Neuro Signs <input type="checkbox"/> Labor <input type="checkbox"/> Newborn <input type="checkbox"/> Syncope <input type="checkbox"/> Other Pain <input type="checkbox"/> Apnea episode <input type="checkbox"/> Dysrhythmia <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> OD/Poisoning <input type="checkbox"/> Weak/dizzy <input type="checkbox"/> Other <input type="checkbox"/> Behavioral <input type="checkbox"/> Fever <input type="checkbox"/> Near drowning <input type="checkbox"/> Palpitations <input type="checkbox"/> Vaginal Bleed																											
	<input type="checkbox"/> No Apparent Injuries <input type="checkbox"/> Burns/Shock <input type="checkbox"/> Inpatient Trauma <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> B P <input type="checkbox"/> Abdomen <input type="checkbox"/> Minor Lac./ <input type="checkbox"/> Head <input type="checkbox"/> Diffuse Tender <input type="checkbox"/> Flail Chest <input type="checkbox"/> Facial/Dental <input type="checkbox"/> Genital/Buttocks <input type="checkbox"/> T. pneumo <input type="checkbox"/> Neck <input type="checkbox"/> Extremities <input type="checkbox"/> Trauma <input type="checkbox"/> Chest <input type="checkbox"/> Fracture <input type="checkbox"/> Arrest <input type="checkbox"/> Bel Mid Clav <input type="checkbox"/> Amputations <input type="checkbox"/> Back <input type="checkbox"/> Neuro/Vasc Comp																											
	<input type="checkbox"/> PERL <input type="checkbox"/> Unequal <input type="checkbox"/> Pinpoint <input type="checkbox"/> Fixed & Dil. <input type="checkbox"/> Normal <input type="checkbox"/> Unequal <input type="checkbox"/> Stridor <input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Clear <input type="checkbox"/> Wheezes <input type="checkbox"/> Rales <input type="checkbox"/> Cyanotic <input type="checkbox"/> Cold <input type="checkbox"/> Delayed <input type="checkbox"/> RHonchi <input type="checkbox"/> Apnea <input type="checkbox"/> Pale <input type="checkbox"/> Diaphoretic																											
	<input type="checkbox"/> Tidal Volume <input type="checkbox"/> S K I N <input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Cap Refill: <input type="checkbox"/> Normal <input type="checkbox"/> Jaundiced <input type="checkbox"/> Hot <input type="checkbox"/> NoRmal/ <input type="checkbox"/> Cyanotic <input type="checkbox"/> Cold <input type="checkbox"/> DElayed <input type="checkbox"/> Pale <input type="checkbox"/> Diaphoretic																											
V S I G N S	Time		TM#		BP		Pulse		Resp		SpO2%		M E D S / D E F I B		Time		TM#		EKG		Meds/Defib		Dose		Route		Result	
AIRWAY	TM# TM# TM# ET Size _____ ET Att.: _____ Success <input type="checkbox"/> Y <input type="checkbox"/> N ETC Att.: _____ Success <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> BS after Advanced Airway Complications: _____ <input type="checkbox"/> Existing TRach																											
	<input type="checkbox"/> DNR <input type="checkbox"/> EMTD Witnessed by: <input type="checkbox"/> Citizen <input type="checkbox"/> EMS CPR by: <input type="checkbox"/> Citizen <input type="checkbox"/> EMS _____ min to CPR <input type="checkbox"/> Pulses with CPR <input type="checkbox"/> Restoration of Pulse _____ Time <input type="checkbox"/> Resus DC'd by Base _____ Time																											
	<input type="checkbox"/> VALIUM <input type="checkbox"/> MORPHINE Given: _____ mg Given: _____ mg Wasted: _____ mg Wasted: _____ mg Narcotic wasted: RN Witness Signature																											
	Reassessment after Therapies and/or Condition on Transfer:																											
Care Transferred To: Transfer VS Time TM# BP Pulse Resp EKG GCS cc's																												
Signature TM completing form Sig #1 Sig #2 Reviewed By																												

PATIENT ASSESSMENT Pt _____ of _____ # Pts _____ Seq # _____ Transported	
02 68019 3 Age _____ yrs./mo. M <input type="checkbox"/> F <input type="checkbox"/> Wt _____ lb/kg	
Distress Level <input type="checkbox"/> Sev <input type="checkbox"/> Mod <input type="checkbox"/> Mild <input type="checkbox"/> None	
Complaint { 1 2 3 4	
Mechanism of Injury { 1 2 3 4	
Extricated @ _____	
GCS Eyes _____ Motor _____ Verbal _____ GCS Total _____ <input type="checkbox"/> Normal for pt / Age	
SPECIAL CIRCUMSTANCES <input type="checkbox"/> Poison Control Contacted <input type="checkbox"/> Abuse Suspected <input type="checkbox"/> ETOH/Drugs Suspected	
THERAPIES <input type="checkbox"/> NO Treatment BLS PROCEDURE(S) TM # <input type="checkbox"/> AED-Analyzed _____ <input type="checkbox"/> AED-Defibrillation _____ <input type="checkbox"/> Bk Blows/Thrust _____ <input type="checkbox"/> BVM _____ <input type="checkbox"/> CPR _____ <input type="checkbox"/> Dressings _____ <input type="checkbox"/> OXy _____ NC or M _____ <input type="checkbox"/> OP/NP Airway _____ <input type="checkbox"/> Restraints _____ <input type="checkbox"/> Spinal Immobil _____ <input type="checkbox"/> Splint _____ <input type="checkbox"/> Suction _____ <input type="checkbox"/> Traction Splint _____ <input type="checkbox"/> Other _____ ALS PROCEDURE(S) TM # <input type="checkbox"/> Bld Gluc _____ <input type="checkbox"/> CArdioversion _____ <input type="checkbox"/> CO2 Det _____ <input type="checkbox"/> DEFibrillation _____ <input type="checkbox"/> ET Intubation _____ <input type="checkbox"/> ETC Intubation _____ <input type="checkbox"/> FB Removal _____ <input type="checkbox"/> IV Insertion _____ g _____ <input type="checkbox"/> Monitor IV Meds _____ <input type="checkbox"/> Needle Thoracost _____ <input type="checkbox"/> O2 SAT _____ % <input type="checkbox"/> Vagal Maneuvers _____ <input type="checkbox"/> 12-Lead EKG _____ <input type="checkbox"/> Other _____	

EXHIBIT IV

Reviewed By

COUNTY OF LOS ANGELES EMS PROVIDER AGENCY
CONDITIONS FOR PROVISION OF TEMIS SOFTWARE

County, through its EMS Agency, will:

1. Give Provider a nonexclusive, nontransferable, single user license to use TEMIS software and documentation and any software updates for as long as County maintains its software license contract with Lancet Technology, Inc. or until the Agreement is terminated. Such license entitles the Provider to copy TEMIS software and documentation for back-up or archive purposes only and does not give the Provider the right to sell, lease, sublease, donate, assign, distribute, or otherwise transfer any right in TEMIS software or documentation to any other person or entity.
2. In the event of errors in software, use reasonable efforts to promptly rectify the software. Whenever possible, County shall correct a problem in 24 hours or less. County shall have no such obligations if the problem(s) is a direct or indirect result of software modifications made without written approval from County.

In no event shall County be liable for any direct, indirect, incidental, or consequential damages of any nature whatsoever (including, without limitation, damages for loss of business profits, business interruption, loss of information and the like), arising out of the use or inability to use the software, even if County has been advised of the possibility of such damages. The County does not warrant that operations of the software will be uninterrupted or error-free or that all errors will be corrected.

3. Offer a minimum of 16 hours TEMIS basic software training (to include an EMS Data Collection and Form Training Manual) and 24 hours of advanced/refresher training per year, for at least two persons from Provider, to enable Provider personnel to perform data entry, database maintenance, and basic report generation functions.

Provider will:

1. Install in a reasonably secure area and provide maintenance of personal computer (PC) peripherals meeting specifications shown in Exhibit VII, attached hereto and incorporated herein by reference.
2. Should County remove all or any portion of TEMIS software required to submit Provider data to County, or fail to correct any software errors which prevent Provider from being able to perform data entry, Provider's

obligation to submit data electronically shall cease, until County has reinstalled the necessary software or corrected the software errors.

3. Not modify the structure and/or function of the TEMIS application software. The software configuration provided shall be used exclusively for the purposes of EMS data collection.
4. Seek telephone assistance from County, whenever TEMIS operation failure occurs, to obtain County TEMIS software maintenance services.
5. Ensure that all software application modules and all material, documents, software programs and documentation, written training documentation and aids and other items provided by County are safeguarded and held in confidence. Such means shall include, but not be limited to requiring each Provider employee or agent given access to TEMIS software to enter into a written agreement in the same form identified as Exhibit VIII, attached hereto and incorporated herein by reference.
6. if it is reasonably determined by Director that any repair or recovery of software or data, to the extent deemed feasible by Director, was necessary due to theft or due to Provider's negligence, Provider shall reimburse County for the repair, replacement, or recovery cost at a maximum labor rate of \$50 per hour.

In the event that the agreement is terminated for any reason, County shall promptly remove all TEMIS software and the Provider shall return to County all TEMIS documentation (and all copies hereof made by Provider) provided by County to Provider.

Lancet Products (Standalone Version)

- 3.2 GHz Intel Pentium 4 recommended.
Pentium-III 450 MHz minimum supported.

(Note: Intel Celeron and AMD processors not supported.)

- Windows 2000 or XP Professional recommended.
Windows NT 4.0 (with Service Pack 6) minimum supported.

(Note: Windows 95, Windows 98, Millennium Edition (Me), XP Home Edition not supported.)

- 1 GB memory recommended.
128 MB minimum supported.
- 1 gigabyte (GB) of available hard disk space minimum required.

(Note: Actual requirements will be based on your planned use of the software and the amount of data you will be entering or importing.)

- High speed internet connection recommended.
Web access required. FTP access strongly recommended.

(Note: internet access is needed for remote access using WebEx.
Please visit www.webex.com for more details.)

- 10/100 NIC card.

(Note: Needed for Internet-based remote support)

- 17 inch LCD Monitor (1024 x 768) recommended.
Super VGA (800 x 600) or higher-resolution monitor with 256 colors minimum supported.
- CD-ROM or DVD drive.
- 3 ½ inch Floppy Disk drive.
- Keyboard and Microsoft Mouse or compatible pointing device.
(Note: Optical mouse recommended)

Additional Items Required to Use Product Features

- For printing
A printer suitable for the amount and type of printing that you will be doing.
Hewlett-Packard's printers are strongly recommended.

Additional Recommendations

- Anti-Virus Software
- Backup Software and Media
- Universal Power Supply
- E-mail account

EXHIBIT VII

ACKNOWLEDGMENT AND CONFIDENTIALITY AGREEMENT
REGARDING PROVIDER AGENCY DATA COLLECTION OBLIGATIONS

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work associated with my employer's EMS data obligations. I agree to forward all requests of the release of any data or information received by me to my employer's TEMIS supervisor.

I agree to keep all patient and/or agency identifiable TEMIS data confidential and (unless authorized by the patient or the appropriate agency) to protect these confidential materials against disclosure to other than my employer or County authorized employees who have a need to know the information.

I agree that all TEMIS software application modules, and all modifications, enhancements, and revisions thereof and thereto, and all materials, documents, software programs and documentation, written training documentation aids, and other items provided to Provider by County for purposes of the Trauma and Emergency Medicine Information system (TEMIS) data collection shall be considered confidential. As such, I will refrain from reproducing, distributing, or disclosing any such confidential County products except as necessary to perform the Provider's EMS data collection obligation.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of which I become aware. I agree to return all confidential materials to my immediate employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement will subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

NAME: _____ DATE: _____
(Signature)

NAME: _____ DATE: _____
(Print)

POSITION: _____

EXHIBIT VIII

_____ PROVIDER AGENCY

MONTHLY RUN VOLUME

Date Sent: _____

Month: _____

Number of 9-1-1 responses (hand count) _____

Entered in TEMIS:

All _____

Some (enter volume) _____

None _____

Please send to:

Emergency Medical Services Agency
Attn: TEMIS Unit
5555 Ferguson Drive, Suite 220
Commerce, CA 90022

Contract No. _____

CARDIAC CARE PROGRAM EQUIPMENT AGREEMENT

THIS AGREEMENT is made and entered into this _____ day
of _____, 2007,

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

SIERRA MADRE FIRE DEPARTMENT
(hereafter "Provider").

WHEREAS, pursuant to the authority granted under the
Emergency Medical Services System and the Prehospital Emergency
Medical Care Personnel Act (Health and Safety Code, sections
1797, et. seq.), ("Act") County has established and maintains an
Advanced Life Support ("ALS") system providing services
utilizing Emergency Medical Technicians-Paramedics (hereafter
"paramedics") for the delivery of emergency medical care to the
sick and injured at the scene of an emergency, during transport
to a general acute care hospital, during interfacility transfer,
while in the emergency department of a general hospital, until
care responsibility is assumed by the regular staff of that

hospital, and during training within the facilities of a participating general acute care hospital; and

WHEREAS, under the Act County has designated its Department of Health Services (hereafter "DHS") as the local Emergency Medical Services Agency (hereafter "EMS Agency"); and

WHEREAS, the EMS Agency approves paramedic provider agencies, to render through licensed and accredited paramedic personnel, ALS level patient care in accordance with policies and procedures established by the EMS Agency and the State Emergency Medical Services Authority; and

WHEREAS, the Sierra Madre Fire Department (hereafter "Provider") is an approved primary provider of prehospital emergency medical services with the City of Sierra Madre, and is staffed with certified Emergency Medical Technician-Is ("EMT") and licensed and accredited paramedics; and

WHEREAS, under Title 22, California Code of Regulations sections 100144 and 100169, the Medical Director of the local EMS Agency ("Medical Director") may approve policies and procedures allowing a paramedic to initiate a 12-Lead electrocardiogram (12-Lead EKG) on a patient experiencing chest pain in the prehospital setting, provided that continuous

quality improvement ("CQI") measures are in place as specified in section 100167 of such regulations; and

WHEREAS, the EMS Agency has established a systemwide CQI program as defined and required under Title 22, California Code of Regulations sections 100136 and 100172; and

WHEREAS, the Medical Director, in consultation with the Cardiac Technical Advisory Group, has approved and recommended Countywide implementation of 12-Lead EKGs for prehospital emergency medical care, and the addition of 12-Lead EKG equipment to the ALS Unit Inventory; and

WHEREAS, Provider desires to utilize 12-Lead EKG equipment for Provider ALS units in accordance with prehospital emergency medical care policies and procedures established by the local EMS Agency; and

WHEREAS, the EMS Agency agrees to reimburse Provider for the cost of the initial purchase of 12-Lead EKG equipment and the initial training associated with the equipment's use, unless previously funded by other grant funds; and

WHEREAS, the parties agree to cooperate with each other and with paramedic base hospitals within the County for the development and implementation of approved ST Elevation Myocardial Infarction (STEMI) Receiving Centers which will serve

as a destination for 9-1-1 patients who are experiencing a STEMI as determined by a 12-Lead EKG administered in the field by an ALS Unit; and

WHEREAS, County's authority for this Agreement is found in Health and Safety Code section 1797.252, Title 22, California Code of Regulations section 100169, and Government Code section 26227; and

WHEREAS, the parties agree that Provider does not waive its "grandfather" status, if applicable, under California Health and Safety Code section 1797.201, and that this agreement is solely for the purpose of establishing terms and conditions of reimbursement by County to Provider for the initial purchase of 12-Lead EKG equipment and associated training, and does not impact any of Provider's present or future rights under Health and Safety Code section 1797.201.

NOW, THEREFORE, the parties agree as follows:

1. BASIS AND PURPOSE: The basis of this Agreement is the desire and intention of the EMS Agency to cooperate in the operations of each party's component of the emergency medical care delivery system, consistent with each party's other health services activities and fiscal requirements and the duties and responsibilities of the County and its EMS Agency. The

Agreement's purpose is to establish, in a manner reflective of such cooperative basis, the designated rules, duties and responsibilities of the parties with respect to the matters addressed herein.

2. TERM: The term of this Agreement shall commence upon Board approval and shall continue in full force and effect to and including September 30, 2007.

In any event, this Agreement may be canceled at any time by either party by the giving of at least thirty (30) calendar days advance written notice thereof to the other party.

3. ADMINISTRATION: The Director of DHS or designee shall have the authority to administer this Agreement and subsequent amendments, if any, on behalf of County. The Provider's Fire Chief or designee is authorized to administer this Agreement and subsequent amendments, if any, on behalf of Provider.

4. RESPONSIBILITIES OF THE COUNTY RELATING TO THE PURCHASE OF 12-LEAD EKG EQUIPMENT AND TRAINING:

A. County agrees to reimburse Provider for the initial purchase of 12-Lead EKG equipment and for the initial training of paramedic and EMT personnel in the use of 12-Lead EKG equipment, at the rates and per terms specified in Subparagraphs B and C, hereinbelow.

B. REIMBURSEMENT FOR 12-Lead EKG PURCHASE:

Reimbursement shall be made by County to Provider within ninety (90) days of receipt of a complete and correct invoice from Provider for the initial purchase of 12-Lead EKG equipment in accordance with the rate of reimbursement specified hereunder. Reimbursement by County to Provider shall be limited to the purchase of one (1) 12-Lead EKG machine per approved ALS Unit, to be purchased by Provider no later than September 30, 2007. County's reimbursement to Provider shall not exceed a total maximum amount of Seventeen Thousand Dollars (\$17,000) per 12-Lead EKG machine, excluding any vendor credit for exchange of existing EKG equipment. All vendor credit for exchange of existing equipment for new 12-Lead EKG equipment shall be applied to the purchase cost prior to County's reimbursement to Provider. Notwithstanding the foregoing, the County shall not reimburse Provider for the purchase of a 12-Lead EKG machine if Provider has already received funding from a grant or any other third party source to offset the cost of such machine.

C. REIMBURSEMENT FOR INITIAL TRAINING:

Reimbursement shall be made by County to Provider within

ninety (90) days of receipt of a complete and correct invoice from Provider for initial training of Provider's paramedic and EMT personnel in the use of 12-Lead EKG equipment. Such invoice must include rosters from initial training that identify each attendee, each attendee's classification (paramedic or EMT), date of training, and total hours of initial training. Reimbursement by County to Provider shall be limited to the initial training completed no later than September 30, 2007, and as described herein. County's reimbursement to Provider shall not exceed a total maximum amount of Forty-Five Dollars (\$45.00) per hour of initial training per attendee, limited to one category of training per attendee, for the following maximum hours:

<u>TRAINING CATEGORY</u>	<u>ATTENDEE</u>	<u>MAXIMUM HOURS</u>
ACLS (includes 12-Lead EKG training)	Paramedic	16
- OR -		
12-Lead EKG	Paramedic	6
- OR -		
12-Lead EKG	EMT	2

D. Reimbursement by County to Provider shall be made in the order that invoices are received from all Providers

under this Agreement and any Amendments hereto (first-come, first-served basis). Providers that have not received previous grant funding for reimbursement of expenditures described in Paragraph 4, Subparagraph A of this Agreement, shall have priority for reimbursement. Reimbursement shall be made by County to Provider for 12-Lead EKG equipment purchased by Provider no later than September 30, 2007, and for initial training of Provider's paramedic and EMT personnel on the use of such equipment that is completed no later than September 30, 2007.

5. RESPONSIBILITIES OF PROVIDER RELATING TO THE PURCHASE OF 12-LEAD EKG EQUIPMENT AND TRAINING:

A. Provider shall be responsible for the selection of a vendor and the initial procurement of 12-Lead EKG equipment under the terms of the group purchase plans developed by the Los Angeles Chapter of the California Fire Chiefs Association. Provider agrees to equip each approved ALS Unit within its agency with each 12-Lead EKG machine purchased under terms of this Agreement. Purchase of said equipment must be made by Provider no later than September 30, 2007, to qualify for reimbursement by County.

B. Provider shall coordinate and arrange for the initial training of paramedic and EMT personnel in the use of 12-Lead EKG equipment. Such training must be completed no later than September 30, 2007, to qualify for reimbursement by County.

C. Provider shall submit an invoice to County that clearly reflects and provides reasonable details for said purchase of 12-Lead EKG equipment. Reimbursement by County will be subject to the terms set forth in Paragraph 4, Subparagraphs B, C, and D of this Agreement. Invoice(s) shall be forwarded by Provider to the EMS Agency, 5555 Ferguson Drive, Suite 220, Commerce, California 90022. All invoices shall be submitted by Provider to County within thirty (30) days after purchase of said EKG equipment, with respect to the purchase deadline set forth in Paragraph 5, Subparagraph A of this Agreement.

D. Provider shall submit an invoice to County that clearly reflects and provides reasonable details of the initial training of paramedics and EMT personnel on the use of 12-Lead EKG equipment. Reimbursement by County will be subject to the terms set forth in Paragraph 4, Subparagraphs C and D of this Agreement. Invoice(s) shall

include roster(s) from initial training that identify each attendee, each attendee's classification (paramedic or EMT), date of training, and total hours of initial training per attendee. Invoice(s) shall be forwarded by Provider to the EMS Agency, 5555 Ferguson Drive, Suite 220, Commerce, California 90022. Invoice(s) shall be submitted by Provider to County within thirty (30) days after training is completed, with respect to the training deadline set forth in Paragraph 5, Subparagraph B of this Agreement.

E. Provider shall submit upon request by the EMS Agency, accurate and complete data pertaining to prehospital emergency medical care of STEMI patients.

F. Provider shall be responsible for: (1) all maintenance of 12-Lead EKG equipment purchased under terms of this Agreement and beyond, (2) expenditure for purchase of all replacement 12-Lead EKG equipment, (3) expenditure for additional and/or future 12-Lead EKG equipment purchased after September 30, 2007, and (4) expenditure for training on the use of 12-Lead EKG equipment that occurs after September 30, 2007.

G. Provider agrees to utilize any 12-Lead EKG equipment subject to this Agreement in a manner consistent

with standards, policies, and procedures of the EMS Agency. Provider agrees that in such utilization it shall provide prehospital care as needed without regard to a person's ability to pay.

6. INDEPENDENT CONTRACTOR STATUS: This Agreement is by and between County and Provider and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, between County and Provider. Provider understands and agrees that all the Provider employees performing services on behalf of Provider under this Agreement are, for the purposes of worker's compensation liability, employees solely of Provider and not of County.

7. INDEMNIFICATION: Each party (Indemnifying Party) shall indemnify, defend, and hold harmless the other, and the other's Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, fees, actions, costs and expenses (including attorney and expert witness fees) arising from or connected with the Indemnifying Party's acts and/or omissions arising from and/or relating to this Agreement.

8. MAXIMUM COUNTY OBLIGATION: County has allocated a maximum total amount of Four Million Dollars (\$4,000,000.00) for reimbursement of allowable costs incurred by all Providers under terms of this Agreement and any Amendments hereto. The parties acknowledge that this funding is comprised by revenue generated by Measure B, Preservation of Trauma Centers and Emergency Medical Services annual special tax as allocated by the County Board of Supervisors (Measure B Trauma Property Assessment [TPA] Funds). The parties further acknowledge that, following all due payment by County to all Providers under terms of this Agreement and any Amendments hereto, any Measure B TPA funds unused at the termination of this Agreement shall remain in the Measure B Special Fund, pending additional use subject to approval by the County Board of Supervisors.

9. MERGER PROVISION: The body of this Agreement, and any exhibits attached hereto, fully express all understandings of the parties concerning all matters covered and shall constitute the total Agreement. No addition to or alteration of the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents, or employees, shall be valid unless made in the form of a written amendment to this

Agreement which is formally approved and executed by the parties.

10. COMPLIANCE WITH HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996: The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"). Provider understands and agrees that as a provider of medical treatment services, it is a "covered entity" under HIPAA and, as such, has obligations with respect to the confidentiality, privacy and security of patients' medical information, and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of its staff and the establishment of proper procedures for the release of such information, and the use of appropriate consents and authorizations specified under HIPAA.

The parties acknowledge their separate and independent obligations with respect to HIPAA, and that such obligations relate to transactions and code sets, privacy, and security. Provider understands and agrees that it is separately and independently responsible for compliance with HIPAA in all these areas and that County has not undertaken any responsibility for compliance on Provider's behalf. Provider has not relied, and

will not in any way rely, on County for legal advice or other representations with respect to Provider's obligations under HIPAA, but will independently seek its own counsel and take the necessary measures to comply with the law and its implementing regulations.

Provider and County understand and agree that each is independently responsible for HIPAA compliance and agree to take all necessary and reasonable actions to comply with the requirements of the HIPAA law and implementing regulations related to transactions and code set, privacy, and security. Each party further agrees to indemnify and hold harmless the other party (including their officers, employees, and agents), for its failure to comply with HIPAA.

11. NOTICES: Any and all notices required, permitted, or desired to be given hereunder by one party to the other shall be in writing and shall be delivered to the other party personally or by United States mail, certified or registered, postage prepaid, return receipt requested, to the parties at the following addresses and to the attention of the person named. The Medical Director shall have the authority to issue all notices which are required or permitted by County hereunder. Addresses and persons to be notified may be changed by one party

by giving at least ten (10) calendar days prior written notice thereof to the other.

A. Notices to County shall be addressed as follows:

1. Department of Health Services
Emergency Medical Services Agency
5555 Ferguson Drive, Suite 220
Commerce, California 90022

Attention: Director

2. Department of Health Services
Contracts and Grants Division
313 North Figueroa Street, 6th Floor East
Los Angeles, California 90012

Attention: Division Chief

3. Auditor-Controller
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 525
Los Angeles, California 90012

Attention: Director

B. Notices to Provider shall be addressed as follows:

Sierra Madre Fire Department
242 West Sierra Madre Boulevard
Sierra Madre, California 91024

Attention: Fire Chief

IN WITNESS WHEREOF, The Board of Supervisors of the County of Los Angeles has caused this Agreement to be subscribed by its

/

/

Director of Health Services and Provider on its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

APPROVED AS TO PROGRAM:
Department of Health Services

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL

Contract No. _____

CARDIAC CARE PROGRAM EQUIPMENT AGREEMENT
AMENDMENT NO. 1

THIS AMENDMENT is made and entered into this _____ day of
_____, 2007,

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

(hereafter "Provider").

WHEREAS, reference is made to that certain document
entitled "CARDIAC CARE PROGRAM EQUIPMENT AGREEMENT", dated
September 5, 2006, and further identified as County Agreement
No. _____ (hereafter referred to as "Agreement"); and

WHEREAS, the Department of Health Services' Emergency
Medical Services (EMS) Agency has agreed to reimburse Provider
for the cost of the initial purchase of 12-Lead EKG equipment
and the initial training associated with the equipment's use,
unless previously funded by other grant funds; and

WHEREAS, both parties wish to extend the period of purchase
for 12-Lead electrocardiogram (EKG) units; and

WHEREAS, Agreement provides that changes may be made in the
form of a written amendment which is formally approved and
executed by the parties.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall become effective upon the date of Board approval.

2. Paragraph 2, TERM, of Agreement shall be deleted in its entirety and replaced with the following:

" The term of this Agreement shall commence upon Board approval and shall continue in full force and effect to and including September 30, 2007.

In any event, this Agreement may be canceled at any time by either party by the giving of at least thirty (30) calendar days advance written notice thereof to the other party."

3. Subparagraph "B" of Paragraph 4, REIMBURSEMENT FOR 12-LEAD EKG PURCHASE, of Agreement shall be deleted in its entirety and replaced with the following:

"B. Reimbursement shall be made by County to Provider within ninety (90) days of receipt of a complete and correct invoice from Provider for the initial purchase of 12-Lead EKG equipment in accordance with the rate of reimbursement specified hereunder. Reimbursement by County to Provider shall be limited to the purchase of one (1) 12-Lead EKG machine per approved ALS Unit, to be purchased by

Provider no later than September 30, 2007. County's reimbursement to Provider shall not exceed a total maximum amount of Seventeen Thousand Dollars (\$17,000) per 12-Lead EKG machine, excluding any vendor credit for exchange of existing EKG equipment. All vendor credit for exchange of existing equipment for new 12-Lead EKG equipment shall be applied to the purchase cost prior to County's reimbursement to Provider. Notwithstanding the foregoing, the County shall not reimburse Provider for the purchase of a 12-Lead EKG machine if Provider has already received funding from a grant or any other third party source to offset the cost of such machine."

4. Subparagraph "C" of Paragraph 4, REIMBURSEMENT FOR 12-LEAD EKG PURCHASE, of Agreement shall be deleted in its entirety and replaced with the following:

"REIMBURSEMENT FOR INITIAL TRAINING: Reimbursement shall be made by County to Provider within ninety (90) days of receipt of a complete and correct invoice from Provider for initial training of Provider's paramedic and EMT personnel in the use of 12-Lead EKG equipment. Such invoice must include rosters from initial training that identify each attendee, each attendee's classification

(paramedic or EMT), date of training, and total hours of initial training. Reimbursement by County to Provider shall be limited to the initial training completed no later than September 30, 2007, and as described herein. County's reimbursement to Provider shall not exceed a total maximum amount of Forty-Five Dollars (\$45.00) per hour of initial training per attendee, limited to one category of training per attendee, for the following maximum hours:

<u>TRAINING CATEGORY</u>	<u>ATTENDEE</u>	<u>MAXIMUM HOURS</u>
ACLS (includes 12-Lead EKG training)	Paramedic	16
- OR -		
12-Lead EKG	Paramedic	6
- OR -		
12-Lead EKG	EMT	2"

5. Subparagraph "D" of Paragraph 4, REIMBURSEMENT FOR 12-LEAD EKG PURCHASE, of Agreement shall be deleted in its entirety and replaced with the following:

"D. Reimbursement by County to Provider shall be made in the order that invoices are received from all Providers under this Agreement and any Amendments hereto (first-come, first-served basis). Providers that have not received previous grant funding for reimbursement of expenditures

described in Section 4, Subparagraph A of this Agreement, shall have priority for reimbursement. Reimbursement shall be made by County to Provider for 12-Lead EKG equipment purchased by Provider no later than September 30, 2007, and for initial training of Provider's paramedic and EMT personnel on the use of such equipment that is completed no later than September 30, 2007."

6. Subparagraph "A" of Paragraph 5, RESPONSIBILITIES OF PROVIDER RELATING TO THE PURCHASE OF 12-LEAD EKG EQUIPMENT AND TRAINING, of Agreement shall be deleted in its entirety and replaced with the following:

"A. Provider shall be responsible for the selection of a vendor and the initial procurement of 12-Lead EKG equipment under the terms of the group purchase plans developed by the Los Angeles Chapter of the California Fire Chiefs Association. Provider agrees to equip each approved ALS Unit within its agency with each 12-Lead EKG machine purchased under terms of this Agreement. Purchase of said equipment must be made by Provider no later than September 30, 2007, to qualify for reimbursement by County."

7. Subparagraph "B" of Paragraph 5, RESPONSIBILITIES OF PROVIDER RELATING TO THE PURCHASE OF 12-LEAD EKG EQUIPMENT AND TRAINING, of Agreement shall be deleted in its entirety and replaced with the following:

"B. Provider shall coordinate and arrange for the initial training of paramedic and EMT personnel in the use of 12-Lead EKG equipment. Such training must be completed no later than September 30, 2007, to qualify for reimbursement by County."

8. Subparagraph "F" of Paragraph 5, RESPONSIBILITIES OF PROVIDER RELATING TO THE PURCHASE OF 12-LEAD EKG EQUIPMENT AND TRAINING, of Agreement shall be deleted in its entirety and replaced with the following:

"F. Provider shall be responsible for: (1) all maintenance of 12-Lead EKG equipment purchased under terms of this Agreement and beyond, (2) expenditure for purchase of all replacement 12-Lead EKG equipment, (3) expenditure for additional and/or future 12-Lead EKG equipment purchased after September 30, 2007, and (4) expenditure for training on the use of 12-Lead EKG equipment that occurs after September 30, 2007."

9. Paragraph 8, MAXIMUM COUNTY OBLIGATION, of Agreement shall be deleted and replaced by the following:

"8. MAXIMUM COUNTY OBLIGATION: County has allocated a maximum total amount of Four Million Dollars (\$4,000,000) for reimbursement of allowable costs incurred by all Providers under terms of this Agreement and any Amendments hereto. The parties acknowledge that this funding is comprised by revenue generated by Measure B, Preservation of Trauma Centers and Emergency Medical Services annual special tax as allocated by the County Board of Supervisors (Measure B Trauma Property Assessment [TPA] Funds). The parties further acknowledge that, following all due payment by County to all Providers under terms of this Agreement and any Amendments hereto, any Measure B TPA funds unused at the termination of this Agreement shall remain in the Measure B Special Fund, pending additional use subject to approval by the County Board of Supervisors."

10. Except for the changes set forth hereinabove, the wording of Agreement shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

Director of Health Services or his designee, and Provider has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

(PROVIDER NAME)

COUNTY OF LOS ANGELES

By (Signature)
(Name of Provider's official)
(Title of Provider's official)

By Bruce A. Chernof, M.D.
Director and Chief Medical Officer

APPROVED AS TO PROGRAM:
Department of Health Services

By Cathy Chidester, Acting Director
Emergency Medical Services Agency

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By Cara O'Neill, Chief
Contracts and Grants Division